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Farmers
Home
Administration

Community
Facilities
Division

October 1983

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Financial Feasibility Assessment Manual for Rural Health Care Facilities

Volume 2

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APPENDIX

FINANCIAL FEASIBILITY ASSESSMENT MANUAL

FOR

RURAL HEALTH CARE FACILITIES

Volume II

OCTOBER 1983

FARMERS HOME ADMINISTRATION
U.S. DEPARTMENT OF AGRICULTURE

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Case Study for an Industrial Control System

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I. CASE STUDIES

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CASE STUDY FOR AN ACUTE CARE HOSPITAL
COMMUNITY HOSPITAL

GENERAL DESCRIPTION OF PROGRAM (NOTE 1)

Community Hospital is a 56-bed acute care facility located on the outskirts of Garrett, Virginia. The City of Garrett is located near Harrington (approximately 30 miles northeast) and has strong ties to the medical community.

The construction program will consist of:

- 1) renovating the present pediatric unit and expanding the unit to accommodate four additional pediatric beds;
- 2) constructing physical therapy facilities;
- 3) remodeling, relocating, and expanding ancillary service areas;
- 4) upgrading mechanical and utility support services to State standards; and
- 5) expanding administrative areas.

Presently, the Hospital has 27,900 gross square feet of floor area with most patient care and ancillary services located on a single floor. As a result of the construction program, approximately 14,000 square feet of new space will be added to the current facility, and approximately 3,850 square feet of the current space will have been remodeled.

The present construction schedule calls for the completion of the new additions for ancillary and bed facilities prior to any conversion or remodeling of the present facilities. The plans call for the commencement of construction in March, 1984 and the completion of the project by April, 1985.

A summary of the existing and the proposed bed complement is:

	<u>Existing Facilities</u>	<u>After Expansions</u>
Medical and Surgical	47	47
Pediatric	4	8
Obstetric	5	5
TOTAL	<u>56</u>	<u>60</u>

A summary of the anticipated source and uses of funds is:

Source of funds:

Mortgage loan from the	
Farmers Home Administration	<u>\$1,190,000</u>

Uses of funds:

Construction costs:

- Building and fixed equipment	\$842,700
- Fixtures	149,200
- Major movable equipment	30,000
- Office furniture and equipment	<u>2,500</u>
Architectural fees	1,024,400

Professional fees (legal and consulting)	84,000
---	--------

Clerk of works	38,500
----------------	--------

Permits, fees	10,000
---------------	--------

Interest during construction	700
------------------------------	-----

	<u>25,700</u>
Excess of source over uses	1,183,300

	6,700
	<u>\$1,190,000</u>

The Hospital has received bids of \$992,700 for the cost of construction, building materials, fixed equipment, and fixtures. Costs for major movable and office equipment are estimates provided by vendors. Acquisition of these items can be delayed with only minor impact on the construction program.

ASSESSMENT OF DEMAND (NOTE 2)

The patient day forecasts underlying the financial forecasts result from analysis of utilization trends, physician availability, physician practice modes, support for the program, expansion plans of other hospitals, service area population growth, patient origin trends, and area use-rate trends.

During 1978 and 1979, the Hospital demonstrated a growth trend in the utilization of its services. For fiscal years 1980 and 1981, the Hospital experienced a decline in occupancy, followed by an increase for 1982, as shown by the following statistics:

<u>Fiscal Year</u>	<u>Beds</u>	<u>Average Daily Census</u>	<u>Percent Occupancy</u>	<u>Admissions</u>	<u>Patient Days</u>	<u>Average Length of Stay</u>
1978	57	39.80	69.8	2,079	14,527	7.0
1979	57	43.76	76.8	2,349	15,974	6.8
1980	56	40.81	72.9	2,339	14,894	6.4
1981	56	36.74	65.6	2,070	13,411	6.5
1982	56	36.79	65.7	2,122	13,427	6.3

The decline in patient days during 1980 and 1981 can be explained by two factors:

1. Two physicians reduced the size of their practices, although they do not plan any further reductions. Another physician temporarily reduced his practice size during 1980 and 1981 but has now resumed an active practice.
2. A Professional Service Review Organization (PSRO) was established. The PSRO activities resulted in a reduction in the average length of stay.

The primary service area of a hospital is defined as the

geographical area where a majority of a hospital's inpatients reside. This area is normally determined by factors such as the number of other hospitals in the general area, affiliation of the family physician, and the extent of hospital services offered. A hospital's service area may be shared with other hospitals. In addition, some people within a region seek hospital care in distant or remote areas (outmigration), just as people living outside a region use the hospitals located within it (inmigration). However, the primary obligation of a hospital is to serve the people within its primary service area.

The majority of Community Hospital's patients are from Camden and Milford counties. People in these counties are also served by five other facilities. Camden County Memorial (Camden), United Methodist Hospital (UMH), Westchester, Harding Memorial (HMH), and Two-County Memorial (TCMH). Because of their proximity to Harrington, patients from Camden and Milford counties also seek hospital care in the larger metropolitan hospitals.

In order to determine if there have been any recent changes in patient origin, a patient origin profile was developed for Community Hospital for the years 1976 to 1981. This profile revealed that patient origin patterns have been essentially stable. The results of this profile were very similar to results of a patient origin study that was done by the State Hospital Association in 1975. This was the last patient origin study performed in the State that included essentially all hospitals within its boundaries.

Data for all patient days in all hospitals in the surrounding

area were examined in order to determine whether Community Hospital's market share has changed during the past few years. According to that data, Community Hospital's portion of patient days has been relatively stable. The decline in 1980 and 1981 was attributed to physicians at Community Hospital reducing their practice size. Also, one hospital was excluded from this analysis because 1) the occupancy declined by over 60 percent in recent years, and 2) it is not a significant competitor of Community Hospital. The following market share data was reviewed:

PATIENT DAYS

Calendar Year	Community Hospital	Five Hospitals (Including Community Hospital)	Community Hospital Percent To Total
1976	14,551	76,430	19.0
1977	14,561	73,747	19.7
1978	14,527	74,095	19.6
1979	15,974	73,447	21.7
1980	14,894	70,015	21.3
1981	13,120	70,998	18.5

Camden and Milford counties have experienced population gains during the past decade. Published population projections indicate these counties will continue to grow, but not as fast as prior to 1981.

Population data for these counties are:

	1976 Census	Estimated 1981 (Note a)	1976-1981 % Growth	Estimated 1981-1986 % Growth	Forecasted 1986 (Note b)
Camden County	45,848	49,261	7.4%	6.2%	52,339
Milford County	253,055	282,522	11.6	6.5	301,000

Note a - Population estimates developed by the Northwest State Regional Planning Council.

Note b - 1986 population figures projected by the Research Program of the State Bureau of Program Planning.

There are seven physicians on the active medical staff, all general practitioners, who are responsible for all patient admissions. Specialty medical services are provided by eleven consulting physicians, who are associated primarily with hospitals in Harrington. The average age

of the seven admitting physicians is 52. Excluding an 80 year old physician, the average is 48. Six of the seven admitting physicians have been on the medical staff for five years or more. The other physician has been on the staff for four years.

A confidential survey was sent to all members of the medical staff. The objectives of the survey were to:

- Determine trends in the practices of individual admitting physicians. (This information influenced the forecasted occupancy for the first full year of operation for the expanded and remodeled facility.)
- Gather information and comments from both admitting and consulting physicians concerning their attitudes toward the construction program.

Personal interviews were conducted with the active staff physicians to discuss the information included in their questionnaires. The physicians in charge of the laboratory and radiology departments were also interviewed.

The highlights of the physician survey were:

1. The doctors of Community Hospital do not plan to shift their practices to other facilities. The physicians who reduced their practice volumes in previous years do not expect further reductions.
2. The estimated demand for inpatient services during 1986, according to the physicians, is an average daily census of 39.1, or 65 percent occupancy. These estimates were reviewed and, in certain cases, adjusted to reflect the physician's past experience, impact of PSRO utilization review, and any pertinent information obtained during the interviews.
3. Volume of ancillary services will show little increase until new laboratory equipment is purchased and the physical therapy unit is completed.

4. The construction of a physical therapy unit is strongly supported by all admitting physicians. All physicians thought this much-needed facility would be advantageous for both inpatients and outpatients. Because of the physicians' interest and support, active use of the physical therapy unit is forecasted for 1986. For that year, the forecasted usage is approximately 3,200 units of service, although utilization will depend on the availability of a trained physical therapist.

The State Department of Public Health prepares an annual plan for acute care facilities entitled the State Plan for Hospital and Medical Facilities Construction. In this plan, the primary service area of Community Hospital consists of Camden and Milford Counties. The forecasted demand for acute care beds is 300 in 1986 versus 307 planned beds (including the four additional beds planned for Community Hospital). None of the other hospitals in the area plan to add beds during the next four years. Planned construction programs are limited to ancillary and support services.

Clearly, no single factor can be used to forecast utilization. However, based on all of the previously mentioned factors, the Hospital is forecasted to experience a moderate increase in patient days.

Forecasted patient days and occupancy are:

Fiscal Year	Average Beds Available	Average Daily Census	Percent Occupancy	Admissions	Patient Days
1984	56	37.2	66.5	2,157	13,590
1985	58	37.7	65.0	2,186	13,770
1986	60	38.2	63.7	2,214	13,950

Based on trend analysis, interviews with physicians, and changes in the Hospital's programs, the units of service for key ancillary departments are forecasted to be:

	<u>Laboratory Procedures</u>	<u>Radiology Exams</u>	<u>Inhalation Therapy Treatments</u>
<u>Actual</u>			
1981	34,622	6,969	6,071
1982	36,594	7,970	5,879
<u>Forecasted</u>			
1983 (includes 6 months actual)	37,100	8,800	6,700
1984	39,300	9,100	7,000
1985	41,900	9,500	7,100
1986	42,300	9,600	7,200

The primary cause of the significant increase in laboratory procedures is the increased array of tests that will be available. The major tests which will be available by 1984 are determination of blood gas levels, protein electrophoresis and measurement of isoenzymes and thyroxin levels. The forecasted statistics include both inpatient and outpatient activity.

PATIENT SERVICE REVENUES (NOTE 3)

Gross patient service revenues of the Hospital have been forecasted according to the charge structure assumed to be in effect during the forecast period. Average revenues per inpatient day for routine and special services have been forecasted to increase to \$270 in 1986 from a level of \$220 in 1983. This represents an increase of about 23% over the next three years.

The forecasted increase in rates reflects the increases in operating expenses set forth in this analysis, the impact of additional interest expense and depreciation charges arising from the modernization and expansion program, and the established charging policy of the Hospital.

ALLOWANCES AND UNCOLLECTIBLE ACCOUNTS (NOTE 4)

Contractual allowances represent the difference between charges billed and amounts received under the provisions of cost reimbursement programs. Contractual allowances associated with Medicare, Medicaid, and Blue Cross revenues have been estimated based on the changing principles of reimbursement and terms of contracts which will likely be in effect with each of the third-party payors.

Medicare reimbursement regulations (set forth in Title VI of the 1983 Social Security Amendments) provide for prospective reimbursement according to diagnostic-related groups (DRGs). Consequently, the Section 223 cost per case limits for all hospitals have been repealed. We have estimated the Hospital's Medicare revenue for the three year period ending on March 31, 1986 by

- 1) applying the case-mix intensity index to our historical costs per discharge in order to determine our hospital's annual cost - based payment and
- 2) applying the DRG prices released on October 1, 1983 to our projected case mix (which is based on our historical and current case mix.) For each of the forecasted years, a projected inflation rate was applied.

Based on our revenue forecasts and charging policy, it appears that the contractual allowances associated with Medicare reimbursement will remain unchanged during the three year forecast period. However, because there is a strong possibility that further legislation will be enacted during this period, our forecasted revenues and associated contractual allowances will be subject to change. In addition, although we anticipate an overall increase in occupancy, we recognize that the Hospital will be eligible for monetary compensation should inpatient utilization decline by more than

five percent over the previous cost reporting period due to circumstances beyond our control.

The Blue Cross Plan which reimburses Community Hospital continues to reimburse retrospectively, as it has during the past several years. The limit on reimbursable costs which it has established for the calendar year 1983 is 110 percent of 1982 inpatient costs, adjusted for volume increases, malpractice insurance increases, and depreciation and interest expense associated with approved capital expansion. Although there is a possibility that this Blue Cross plan may convert to prospective reimbursement by the end of FY 1984, our forecast was made under the presumption that retrospective reimbursement will be continued throughout the forecast period. Consequently, our forecasts may need to be revised should the change in reimbursement take place.

The state legislature of Virginia enacted legislation in July of 1982 which established a prospective reimbursement methodology to be used by the state Medicaid agency. Prospective rates for FY 1984 will be based upon the allowable audited costs for FY 1983, adjusted for recently designated unallowable costs, education costs, and inflation. This legislation went into effect in July of 1982 and will be effective throughout our forecast period. Hospital management has evaluated the potential impact of this legislation and has determined that future revenue losses to the facility will be immaterial.

Provisions for losses on uncollectible patient accounts have been included in the forecasts at approximately 1.3 percent of gross revenues.

OTHER OPERATING REVENUES (NOTE 5)

Other operating revenue includes forecasted revenue from cafeteria sales, sale of supplies and drugs to non-patients, and miscellaneous sources. The amounts have been estimated according to historical experience, adjusted for expected volume and price changes.

OPERATING EXPENSES (NOTE 6)

Staffing requirements were developed based on present staffing patterns of the Hospital adjusted for the enlarged facility and forecasted operating levels. The forecasts include the following full-time equivalent employees (FTEs), total wages, and average annual wages per employee:

	Actual 1983	1984	1985	1986
FTE's	92	93	94	94
Total wages	\$795,058	\$864,900	\$940,000	\$1,005,800
Average wage	8,652	9,300	10,000	10,700
FTE's per occupied bed	2.51	2.50	2.49	2.46

Estimated expenses for salaries and wages were based on these staffing requirements and wage rates currently in effect, adjusted to reflect annual wage increases of approximately 7.5 percent.

Fringe benefits and payroll taxes have been estimated according to the Hospital's past experience and forecasted changes. They are forecasted to rise from the 1983 level of 2.4 percent for fringe benefits and 6.7 percent for payroll taxes to 3.1 percent and 12.75 percent, respectively, by 1986.

Supplies and other expenses for each department were developed according to forecasted departmental units of service and unit costs. With the exception of malpractice insurance, unemployment compensation insurance, and utility costs, unit costs of other items to be purchased have been forecasted to increase at approximately 8 percent per year. Malpractice insurance expense was based on current rates and estimates of probable increases, which were provided by the Hospital's insurance carrier. Although malpractice insurance expense increased by about 600 percent during the mid 1970s, it is forecasted to increase an average of 20 percent per year during the forecast period. Utility costs were forecasted to increase at 18 percent per year during the forecast period. Unemployment compensation, included in payroll taxes, is expected to increase about 200 percent during 1984 due to staff cutbacks during 1983. However, subsequent periods should not show any significant increases.

PROVISIONS FOR DEPRECIATION OF BUILDING AND EQUIPMENT (NOTE 7)

Depreciation on buildings, fixed equipment, remodeling and movable equipment relating to the new and remodeled facilities has been provided in the financial forecasts using the straight-line method and the following estimated useful lives:

Building and improvements	40 years
Fixed equipment	20 years
Movable equipment	10 years

Depreciation on existing property, plant and equipment has been provided in accordance with established useful lives, also using the straight-line method.

The forecasts presume that the Hospital will enter into a mortgage loan agreement with the Farmers Home Administration (USDA). Payments on the mortgage loan are scheduled to commence on January 1, 1984. The interest and principal payments have been computed based on an estimated interest rate of 5 percent, a 40 year maturity, and level debt service.

Funds during the construction period will be provided by the Farmers Home Administration for costs actually incurred, up to the approved maximum amount. Interest expense incurred during the construction period and amounting to \$25,700 has been capitalized as part of the cost of the facility.

The proposed loan agreement between the Farmers Home Administration and the Hospital requires, in part:

(a) General Account

"As soon as the Facility becomes revenue producing, the gross revenues and other income, if any, shall be set aside in a separate account to be designated as the General Account, and disbursements and transfers from this account shall be made in the following manner:

Borrowers making monthly FmHA Debt Service Payments shall use the General Account for making such payments plus operating and maintenance expenses. Also, funds from this account will be transferred to the Reserve Account in accordance with the following section.

(b) Reserve Account

From the remaining funds in the General Account, after transfers and payments required in (a) have been made, there shall be set aside into an account designated as the Reserve Account the sum of \$422.00 each month until there is accumulated in that account the sum of \$50,535.00 after which deposits may be suspended, except to replace withdrawals. When necessary, disbursements may be used for payments due on the note if sufficient funds are not available in the General or Debt Service Account. With the prior written approval of the Government, funds may be withdrawn for:

(1) paying the cost of repairing or replacing any damage to the Facility which may have been caused by catastrophe.

(2) making extensions or improvements to the Facility.

Whenever disbursements are made from the Reserve Account, monthly deposits shall then be resumed until there is again accumulated the amount of \$50,535.00, at which time deposits may be discontinued. Whenever there shall accumulate in the General Account amounts in excess of those required in sections (a) and (b), such excess may be used by the organization to make prepayments on the loan.

The accounts required in sections (a) and (b) may be established and maintained as bookkeeping accounts or as separate bank accounts at the election of the organization, unless otherwise directed by the Government.

CURRENT ASSETS AND CURRENT LIABILITIES (NOTE 9)

Accounts receivable, inventories, prepaid expenses, accounts payable, accrued salaries and wages (and amounts withheld therefrom), and advances from third-party payors were estimated from the Hospital's historical ratios and are summarized below:

- Accounts receivable, less contractual allowances
 - 1984 - 100 days of net patient service revenues
 - 1985 - 90 days of net patient service revenues
 - 1986 - 80 days of net patient service revenues
- Inventories - 7.5 percent of supplies and other expenses
- Prepaid expenses - 1.8 percent of supplies and other expenses
- Accounts payable - 60 days of supplies and other expenses, excluding insurance costs
- Salaries and wages and amounts withheld therefrom - 6.0 percent of salaries, wages, and fringe benefit expense
- Advances from third-party payors - 1.3 percent of total expenses.

STATEMENTS OF FORECASTED CASH FLOW

COMMUNITY HOSPITAL

Years Ending March 31,

	1984	1985	1986
Balance at beginning of period	\$ 41,700	\$ 64,400	\$ 102,100
Add cash provided from:			
Excess of revenues over expenses	12,300	15,500	26,200
Add items charged to operations not requiring cash:			
Depreciation	<u>27,600</u>	<u>49,800</u>	<u>74,200</u>
CASH PROVIDED FROM OPERATIONS AND NONOPERATING REVENUE	<u>39,900</u>	<u>65,300</u>	<u>100,400</u>
Increase in accounts payable and accrued expenses	2,800	32,700	12,800
Increase (decrease) in advances from third-party payors	(10,500)	3,000	2,500
Increase (decrease) in other liabilities	39,600	(39,600)	-0-
Proceeds from long-term borrowing	494,500	695,500	-0-
TOTAL CASH PROVIDED	<u>566,300</u>	<u>756,900</u>	<u>115,700</u>
TOTAL CASH AVAILABLE	<u>608,000</u>	<u>821,300</u>	<u>217,800</u>
Deduct cash expended for:			
Additions to property and equipment	452,700	671,600	5,000
Payments on long-term debt, net of changes in current maturities	3,100	4,700	10,700
Payments on notes payable to bank	-0-	25,000	25,000
Increase in receivables, inventories and prepaid expenses	87,800	17,900	400
TOTAL CASH EXPENDED	<u>543,600</u>	<u>719,200</u>	<u>41,100</u>
BALANCE AT END OF PERIOD	<u>\$ 64,400</u>	<u>\$102,100</u>	<u>\$176,700</u>
Balance at end of period consisting of:			
Cash available for operating purposes	\$ 64,400	\$ 82,700	\$150,400
Reserve for mortgage payments	-0-	19,400	26,300
	<u>\$ 64,400</u>	<u>\$102,100</u>	<u>\$176,700</u>

STATEMENTS OF FORECASTED REVENUES AND EXPENSES

COMMUNITY HOSPITAL

Years Ending March 31,

	1984	1985	1986
<hr/>			
STATISTICS (excluding newborn):			
Average beds available	56	58	60
Patient days	13,590	13,770	13,950
Average occupancy percent	66.5	65.0	63.7
 OPERATING REVENUE			
Patient revenues	<u>\$1,736,400</u>	<u>\$1,981,200</u>	<u>\$2,196,000</u>
Other operating revenues	<u>20,000</u>	<u>21,000</u>	<u>22,000</u>
 GROSS OPERATING REVENUES	 <u>1,756,400</u>	 <u>2,002,200</u>	 <u>2,218,000</u>
 Provision for allowances and adjustments (deduction)	 <u>(128,300)</u>	 <u>(146,600)</u>	 <u>(153,400)</u>
 NET OPERATING REVENUES	 <u>1,628,100</u>	 <u>1,855,600</u>	 <u>2,064,600</u>
 OPERATING EXPENSES			
Salaries, wages, and fringe benefits	998,600	1,088,100	1,164,700
Supplies and other expenses	584,700	674,700	740,500
Interest	5,000	29,400	61,200
Depreciation	<u>27,600</u>	<u>49,800</u>	<u>74,200</u>
 TOTAL OPERATING EXPENSES	 <u>1,615,900</u>	 <u>1,842,000</u>	 <u>2,040,000</u>
 EXCESS OF OPERATING REVENUES OVER EXPENSES	 <u>12,200</u>	 <u>13,600</u>	 <u>24,000</u>
 NON-OPERATING REVENUE (interest earned)	 <u>100</u>	 <u>1,900</u>	 <u>2,200</u>
 EXCESS OF REVENUES OVER EXPENSES	 <u>\$ 12,300</u>	 <u>\$ 15,500</u>	 <u>\$ 26,200</u>

FORCASTED STATEMENTS OF CHANGES IN FUND BALANCES

COMMUNITY HOSPITAL

	COMBINED	UNALLOCATED	INVESTED IN PROPERTIES	BOARD DESIGNATED FUNDS FOR MORTGAGE REPAYMENT RESERVE
Fund balance at April 1, 1983	\$616,600	\$203,400	\$413,200	\$ -0-
Excess of revenues over expenses	12,300	12,300		
Interfund transfers:				
Provision for depreciation charged to operating expenses		27,600		(27,600)
Property and equipment acquired		(452,700)		452,700
Mortgage and installment contract payments		(13,100)		3,100
Mortgage and construction loans		494,500		(494,500)
TOTAL TRANSFERS		<u>66,300</u>		<u>(66,300)</u>
FUND BALANCES AT MARCH 31, 1984	628,900	282,000	346,900	-0-
Excess of revenue over expenses	15,500	15,500		
Interfund transfers:				
Provision for depreciation charged to operating expenses		49,800		(49,800)
Property and equipment acquired		(671,600)		671,600
Mortgage and installment contract payments		(4,700)		4,700
Mortgage and construction loans		695,500		(695,500)
Net cash transfers		<u>(19,400)</u>		<u>19,400</u>
TOTAL TRANSFERS		<u>49,600</u>		<u>(69,000)</u>
FUND BALANCES AT MARCH 31, 1985	644,400	347,100	277,900	19,400
Excess of revenue over expenses	26,200	26,200		
Interfund transfers:				
Provision for depreciation charged to operating expenses		74,200		(74,200)
Property and equipment acquired		(5,000)		5,000
Mortgage and installment contract payments		(10,700)		10,700
Net cash transfer		<u>(6,900)</u>		<u>6,900</u>
TOTAL TRANSFERS		<u>51,600</u>		<u>(58,500)</u>
FUND BALANCES AT MARCH 31, 1986	<u>\$670,600</u>	<u>\$424,900</u>	<u>\$219,400</u>	<u>\$ 26,300</u>

FORECASTED BALANCE SHEETS

COMMUNITY HOSPITAL

March 31,

	1984	1985	1986	1984	1985	1986
ASSETS						
CURRENT ASSETS				CURRENT LIABILITIES		
Cash	\$ 64,400	\$ 82,700	\$ 150,400	Notes payable to bank	\$ 50,000	\$ 25,000
Accounts receivable, less allowances	420,600	432,400	427,700	Account payable	86,200	99,100
Inventories	42,600	47,400	51,500	Salaries, wages, and amounts withheld therefrom	59,900	65,300
Prepaid expenses	10,000	11,300	12,300	Amounts withheld from contractors pending construction completion	39,600	-0-
TOTAL CURRENT ASSETS	537,600	573,800	641,900	Accrued interest payable	800	15,200
OTHER ASSETS				Advances from third-party payors	21,000	24,000
Reserve for unemployment compensation	1,900	1,900	1,900	Current maturities of long-term debt	<u>3,100</u>	<u>10,700</u>
Reserve funds accounts for mortgage repayment	-0-	19,400	26,300	TOTAL CURRENT LIABILITIES	260,600	239,300
PROPERTY AND EQUIPMENT						
Land and land improvements	7,200	7,200	7,200	LONG-TERM DEBT		
Building and fixed equipment	558,900	1,707,800	1,707,800	Construction loan	494,500	-0-
Hospital, office, and other equipment	117,400	156,800	161,800	Mortgage payable, less current maturity	-0-	-0-
Construction in progress	516,700	-0-	-0-	Equipment purchase contract	1,100	-0-
Allowances for depreciation (deduction)	(354,600)	(404,400)	(478,600)	TOTAL LONG-TERM DEBT	495,600	1,178,800
TOTAL PROPERTY AND EQUIPMENT	845,600	1,467,400	1,398,200	FUND BALANCES	282,000	347,100
TOTAL ASSETS	\$1,385,100	\$2,062,500	\$2,068,300	Unallocated invested in properties, less long-term debt including current maturities	346,900	277,900
				Reserve funds designated by board for mortgage repayment	-0-	19,400
TOTAL ASSETS	\$1,385,100	\$2,062,500	\$2,068,300	TOTAL FUND BALANCES	628,900	424,900
				TOTAL LIABILITIES AND FUND BALANCES	\$1,385,100	\$2,062,500

HOSPITAL LOAN FEASIBILITY CHECKLIST

LOAN EVALUATION FACTORS	Standard	Actual	Factors		
	<u>Value*</u>	<u>Value</u>	<u>Considered</u>	<u>Yes</u>	<u>No</u>
<u>Project Description</u>					
1. Identifying information	N/A	N/A	X	—	—
2. Type of ownership (public, nonprofit, etc.)	N/A	<u>Nonprofit</u>	—	—	—
3. Form of ownership (sole proprietorship, partnership, or corporation)	N/A	—	—	X	—
4. Type of construction or service proposed (new, replacement, expansion, or renovation)	N/A	<u>Renovation</u>	—	—	—
5. Size of expansion (square feet)	N/A	<u>14,000</u>	—	—	—
6. Certificate of need (or 1122) approval	N/A	<u>N/A</u>	X	—	—
7. Estimated construction costs	N/A	<u>\$1,024,400</u>	—	—	—
8. Estimated increase in service capacity (number of beds, ambulatory visits, etc.)	N/A	<u>4 beds</u>	—	—	—
9. Estimated cost escalation per month to bid date	N/A	—	—	X	—
10. <u>Pro forma</u> financial statement obtained from certificate of need application	N/A	N/A	—	—	X
11. Narrative support from certificate of need	N/A	N/A	X	—	—
12. Facility ownership of 5% or greater disclosed	N/A	N/A	X	—	—
<u>Assessment of Demand</u>					
1. Primary service area correctly defined	51% or more	<u>Majority</u>	X	—	—
2. Independent demand and feasibility studies done for new facility	N/A	N/A	X	—	—
3. Effects on existing facilities considered	N/A	N/A	X	—	—
4. Commitment of necessary physicians	N/A	N/A	—	—	X
--List of physicians by name, age, specialty, and annual admissions for past 3-5 years	N/A	N/A	—	—	X
--Change in physician composition since feasibility study	N/A	N/A	—	—	X
5. Large scale immigration forecast	N/A	N/A	—	—	X
6. Large scale outmigration forecast	N/A	N/A	—	—	X
7. Service area population growth trends	N/A	<u>6-7%</u>	X	—	—
8. Service area birth rate per thousand	12.5-15.0	—	—	—	X
9. Trends in percent of population over 65 increasing	N/A	<u>N/A</u>	—	—	X
10. Hospital beds per 1,000 pop. in service area	3.8-4.2	—	X	—	—
11. Service area hospital occupancy rate	70-90%	<u>67%</u>	X	—	—
12. Average hospital length of stay in serv. area	6.0-8.0	<u>6.4</u>	X	—	—
13. Lab. tests performed per admis. by bed size	16-39	<u>30</u>	X	—	—
14. Operating room procedures per 100 medical surgical admissions by bed size	24-61	—	—	—	X
15. Radiological proc. per admis. by bed size	1.5-2.0	<u>1.9</u>	X	—	—
16. Significant increases in admis. & lengths of stay adequately justified	N/A	N/A	—	—	X
17. Significant increases in other services adequately justified	N/A	N/A	—	—	X
18. Hospital demand anal. sheet completed (p. X-13)	N/A	N/A	X	—	—

*If appropriate

HOSPITAL DEMAND ANALYSIS SHEET

Number	Source Item	Source	Amount	Range	If Value Outside Range See Page:
A	Occupancy rate (%)	Applicant	65.5	60-90%	XI-9
B	Bed size	Applicant	56		
C	Average length of stay	Applicant	6.3	6.0-8.0	XI-9,10
D	Operating room procedures	Applicant	<u>N/A</u>		
E	Laboratory tests	Applicant	36594		
F	Radiology procedures	Applicant	7970		
G	Total FTE employees	Applicant	92		
H	Management FTE employees	Applicant	2		
I	Physicians on med. staff	Applicant	7		
J	Service area population	Feas. study	331783		
K	Physicians practicing in Service Area (SA)	Feas. study	318		
L	SA beds	Col. F, next pg.	162		
M	SA patient days	Col. G, next pg.	37318		

	Analytical Item	Calculation	Amount		
N	Average Daily Census	A x B	37		
O	Patient Days	N x 365	13388		
P	Admissions	O ÷ C	2125		
Q	Market share	O ÷ M	.358		
R	Supply share	B ÷ L	.346		
S	Delivery share	Q ÷ R	1.03	0.9-1.2	
T	Admissions per physician	P ÷ I	303	100-250	
U	O.R. procedures per admission	D ÷ P	<u>N/A</u>	0.3-0.6	XI-11,12
V	Lab tests per admission	E ÷ P	17.2	10-40	XI-11
W	Radiology proc. per admission	F ÷ P	3.75	1-3	XI-11
X	FTE per occupied bed	G ÷ N	2.5	2.5-4.0	XI-12
Y	Beds per administrative FTE	B ÷ H	28	35-45	XI-12
Z	Service area use rate	M ÷ J	1125.9	950-1250	XI-10
Al	Physicians per 1,000 SA population	K ÷ J	.96	1.0-3.5	

SERVICE AREA ANALYSIS SHEET

A	B	C	D	E	F	G
Facility	Bed Size	Occupancy Rate	Travel Time	Competition Factor = 120 Min.-		Service Area Patient Days FxCx365
				Col. D 120 Min.	Competitive Beds ExB	
1 Comm. Hosp.	56	65.5%	0 min.	1.00	56	13,388
2 Camden Mem.	100	61%	60 min.	.50	50	11,133
3 Un. Methdst	40	67%	120 min.	0	0	0
4 Westchester	69	61%	40 min.	.67	46	10,242
5 Harding	40	70%	90 min.	.25	10	2,555
6	—	%	min.	—	—	—
7	—	%	min.	—	—	—
8	—	%	min.	—	—	—
9	—	%	min.	—	—	—
10	—	%	min.	—	—	—
TOTAL				162	37,318	
				(carry to line L on previous page)	(carry to line M on previous page)	

HOSPITAL LOAN FEASIBILITY CHECKLIST (Cont.)

LOAN EVALUATION FACTORS	Standard	Actual	Factors Considered	
	Value*	Value	Yes	No
<u>Revenue Forecast</u>				
1. Third-party payment as percent of net revenues	85-90%	70%	X	
2. Subject to State rate review	N/A	N/A		X
3. Historical 3-5 year in-patient routine revenue per day	N/A	—	X	—
4. Annual forecasted increase in per diem charges	5-7%	—	X	—
5. Unresolved third-party settlement amounts	N/A	N/A	—	X
6. Change in patient mix among third-party payors considered	N/A	N/A	X	—
7. Exceed rates of competitive facilities	N/A	N/A	—	X
8. Do recognized third-party costs exceed charges	N/A	N/A	—	X
9. Deductions as percent of gross patient service revenue	N/A	N/A	X	—
10. Other operating revenue as percent of total net patient revenue	N/A	1.1%	X	—
11. Non-operating revenue as percent of net patient revenue	N/A	0+%	X	—
12. Substantial forecasted revenue from gifts, endowments, pledges, and grants justified	N/A	N/A	—	X
13. Amount of non-operating funds unrestricted	N/A	N/A	—	X
14. Revenue forecast assumptions known	N/A	N/A	X	—
<u>Operating Expenses and Debt Service Forecast</u>				
1. All major operating expenses forecasted	N/A	N/A	X	—
2. Expenditure percentages comparable	N/A	N/A	X	—
3. Inflation factor considered	1.4-1.8%/mo.	0.8%	X	—
4. Straight line depreciation method used	N/A	N/A	X	—
5. Appropriate useful life and salvage value used	N/A	N/A	X	—
6. Interest rates used are reasonable	N/A	N/A	X	—
7. Unusual or significant loan agreement restrictions	N/A	N/A	—	X
8. Debt amortization schedule	N/A	N/A	X	—
9. All financing costs considered	N/A	N/A	X	—
10. Special fund created or funded depreciation required	N/A	N/A	X	—
11. Other types of financing considered	N/A	N/A	—	X

* If appropriate.

HOSPITAL LOAN FEASIBILITY CHECKLIST (CONT.)

LOAN EVALUATION FACTORS	Standard Value*	Actual Value	Factors Considered	
	<u>Yes</u>	<u>No</u>		
<u>Forecasted Financial Statements (3-5 years)</u>				
1. Statement of Revenue and Expenses	N/A	N/A	X	—
2. Statement of Cash Flow	N/A	N/A	X	—
3. Statement of Financial Condition (Balance Sheet)	N/A	N/A	X	—
4. Statement of Changes in Fund Balances	N/A	N/A	X	—
5. Comparison of differences in <u>pro forma</u> financial statement submitted to FmHA and to certificate-of-need agency	N/A	N/A	—	X
<u>Financial Ratio Analysis</u>				
1. Financial ratio analysis performed	N/A	N/A	X	—
<u>Management Analysis</u>				
1. Trustee background examined	N/A	N/A	—	X
2. Degree of facility's community service	N/A	N/A	X	—
3. Past facility fund raising success	N/A	N/A	—	X
4. Degree of volunteer involvement	N/A	N/A	X	—
5. Local medical community support	N/A	N/A	X	—
6. Suitable living areas for professionals	N/A	N/A	X	—
7. Management knowledge and experience	N/A	N/A	X	—
8. Facility accreditation and affiliations	N/A	N/A	X	—
9. Facility in compliance with public health and fire safety standards	N/A	N/A	X	—
10. Staff morale and turnover	5-10%	—	—	X
11. Use of recent technology advances	N/A	N/A	—	X
12. Effectiveness of utilization review procedures - delegated PSRO review	N/A	N/A	—	X
12. Effectiveness of utilization review procedures - PSRO contacted	N/A	N/A	—	X
13. Accounts receivable as percent of current assets	55-90%	85%	X	—
14. Bad debts as percent of accounts receivable	3-7%	5.2%	X	—
15. Current aging schedule used	N/A	N/A	—	X
16. Degree of borrowing to meet current liabilities	N/A	N/A	X	—
17. Discounting or factoring of accounts receivable	N/A	N/A	X	—
18. Maximization of third-party reimbursement	N/A	N/A	X	—
19. Timeliness and accuracy of third-party claim filings	N/A	N/A	X	—

HOSPITAL LOAN FEASIBILITY CHECKLIST (CONT.)

LOAN EVALUATION FACTORS	Standard	Actual	Factors Considered	
	<u>Value*</u>	<u>Value</u>	<u>Yes</u>	<u>No</u>
<u>Management Analysis</u>				
20. Usage of Medicare Periodic Interim Payment (PIP) system	N/A	N/A	X	
21. Practice of competing large procurements	N/A	N/A	X	
22. Delinquency in vendor payment	N/A	N/A	X	
23. Application of performance indicators (see Chapter X)	N/A	N/A	X	

* If appropriate.

CASE STUDY FOR A NURSING HOME
THE PINES NURSING HOME

GENERAL DESCRIPTION OF PROGRAM

The Pines Nursing Home is to be a new, 120-bed skilled and intermediate care facility located in Garville, Virginia. The nursing home site is located on the outskirts of the city, adjacent to Community Hospital. The City of Garville is located near Healthstown (approximately 30 miles northeast) and has strong ties to the Healthstown medical community and its four physicians who specialize in geriatrics.

The Pines Nursing Home will be owned and operated by the Healthstown Friends Association, Inc., a non-profit corporation. Healthstown Friends Association currently owns and operates Goodwill House, a nursing home in Healthstown which is well known as a provider of long-term care services. It is anticipated that PNH will have a close working relationship with Goodwill House with regard to administration, patient care policies and shared services.

The proposed facility will meet all existing federal, state and local standards for the construction of nursing homes. Of the 120 beds, 40 will be in a skilled care unit which will accommodate elderly persons requiring skilled nursing care. The remaining 80 beds will be licensed as intermediate care beds and will be occupied by ambulatory elderly patients requiring less intensive nursing care.

The present development schedule calls for commencement of construction by April 1, 1984 and opening of the facility by April 1, 1985.

A summary of the anticipated sources and uses of funds is as follows:

Sources of Funds:

Mortgage loan from the Farmers Home Administration (USDA)	\$1,350,000
Cash on hand	150,000
TOTAL	<u>\$1,500,000</u>

Use of Funds:

Construction costs:

• Building and fixed equipment	\$1,200,000
• Movable equipment	150,000
• Miscellaneous construction costs	<u>12,000</u>
TOTAL CONSTRUCTION COSTS	<u>\$1,362,000</u>

Architectural and engineering fees	74,500
Permit, fees, etc.	1,500
Interest during construction	<u>62,000</u>
TOTAL FEES AND INTEREST	\$ 138,000
TOTAL	<u>\$1,500,000</u>

The preceding construction estimates are based upon preliminary estimates received from the architectural and engineering firm retained for the design of the new facility. Costs for major movable and other equipment are estimates provided by vendors.

ASSESSMENT OF DEMAND

Demand for the nursing facility was projected by evaluating such factors as the age distribution of the population in Garville and surrounding areas, utilization of other facilities in the region by persons

aged 65 or over, and waiting lists at other nursing homes.

There are two other nursing homes in nearby Sweep and Oslo counties. They are:

- Goodwill House - 186 beds, Sweep County (Healthstown)
- The Tara Nursing Home - 47 beds, Oslo County

Both of these nursing homes currently enjoy healthy occupancy rates of 96% and 94%, respectively. They both report waiting lists totaling more than 100 persons. Investigations concerning duplication of names on these waiting lists was attempted, but no conclusions were reached.

During the past, both nursing homes have experienced high occupancy levels and utilization of services. Specifically, their occupancies have ranged from 87% to 94% since 1978.

It is anticipated that the majority of the patients at the Pines Nursing Home will be residents of Sweep and Oslo counties. Persons in these counties are currently traveling to facilities outside of the area to receive care due to the shortage of existing beds in the area.

Based on information obtained from the Population Statistics Division of the State Planning and Evaluation Department, we have drawn up the following table, which presents actual and forecasted population statistics for the areas to be served by the Pines Nursing Home:

	1976 Estimate	1981 Estimate	1976-1981 % Growth	1981-1986 % Growth Estimate	1986 Forecast
Sweep County	45,484	49,261	7.4%	6.2%	52,339
Oslo County	253,055	282,522	11.6%	6.5%	301,000
Total	298,903	331,783	11.0%	6.5%	353,339
Population +65	28,400	33,850	19.2%	20.0%	40,650
Percent +65	9.5%	10.2%	7.4%	12.7%	11.5%

Source: State Planning Office.

The populace of this two county area has been growing older at a steady rate for several years. The number of persons over the age of sixty-five now represents more than ten percent (10.7%) of the general population and is forecasted to be 11.5% by 1986.

The 233 long term care beds currently in this area serve an elderly and infirmed population of approximately 36,500. It has been estimated by the Oslo County Welfare Agency that more than two hundred persons have been placed in nursing homes outside these counties during the past three years because of a shortage of private beds.

Staffing for the proposed facility will include an administrator, a director of nursing, nursing personnel in sufficient numbers to meet the State's minimum requirements, a part-time physical therapist, a part-time staff physician, and ancillary personnel (including dietary, housekeeping, maintenance, and office personnel). Patients will only be admitted by a physician's order and must have a personal physician in attendance at all times. If a prospective patient does not have a personal physician, the house physician for the Pines Nursing Home will perform a thorough physical examination prior to consideration for admission, and he will act as the patient's personal physician.

Based upon projected need for the facility, existing waiting lists at other area nursing homes, and experience of Healthstown Friends Association in the field of long-term care, it is estimated that the Pines Nursing Home will experience an occupancy rate of approximately 60% during

the first year of operation (reflecting start-up period) and an occupancy rate of 88% during the second year of operation. It is believed that these figures are conservative considering the rather large unmet need which currently exists in this area.

	<u>1985 (9Mos)</u>	<u>1986</u>
Beds	120	120
Occupancy	60%	88%
Patient Days	19,710	38,544

PATIENT SERVICE REVENUES

Patient service revenues for the Pines Nursing Home have been projected according to the charge structure which will be in effect during the two year start-up period. Average revenues per inpatient day for routine and special services have been projected to be \$30 per day in 1985 and \$33 per day in 1986. This represents an average increase of approximately 10% per year.

The charge structure for the two levels of care are expected to be as follows:

	<u>1985</u>	<u>1986</u>
Skilled nursing beds	\$40.00	\$45.00
Intermediate care beds	\$25.00	\$27.00
Average	\$30.00	\$33.00

This projected rate structure reflects anticipated utilization of the nursing care beds and all operating costs allowable under third-party reimbursement programs. Also, it is in line with existing rate structures of similar facilities.

ALLOWANCES AND UNCOLLECTIBLE ACCOUNTS

Contractual allowances represent the differences between charges billed and amounts received under provisions of cost reimbursement programs. Estimates for contractual allowances associated with the Medicare and Medicaid programs have been based on the reimbursement methodologies currently utilized by each of those third-party payors.

Medicare regulations (Section 223 of the 1972 Social Security Amendment, P.L. 92-603) provide for prospectively set limits on reasonable reimbursable costs. Current reimbursement levels are based upon those reasonable cost limits and the degree to which reporting procedures for each facility meet prescribed Medicare standards.

Reimbursement for care under the Medicaid program cannot exceed the reasonable cost limit set by the State each year. It is estimated that, during the forecast period, the proposed rates for skilled nursing care will be less than the ceiling imposed under the reasonable cost reimbursement system for skilled care. Consequently, no contractual allowance is projected. However, the intermediate care rate to be paid by the Medicaid program is estimated to be \$1.50 less per day than the proposed rate of the Pines Nursing Home. This contractual allowance has been taken into account during the forecast period.

OPERATING EXPENSES

Staffing requirements were based on management assumptions, licensing requirements, present staffing patterns of other nursing homes in the area, and the forecasted occupancy of PNH. The forecasts include the

following full-time equivalent employees (FTEs), total wages, and average annual wages per employee:

	<u>1985</u>	<u>1986</u>
Nursing FTE's	25.5	42
Other FTE's	12.5	33
Total Wages	\$340,300	\$730,750
Average Wage	\$8,955	\$9,743
Man-Hours per Patient Day	4.0	4.0

Estimated expenses for salaries and wages are based on these staffing requirements and wage rates currently in effect, adjusted to reflect annual wage increases of approximately 6.5 percent.

Fringe benefits and payroll taxes have been estimated according to areawide nursing home experience and are forecasted to rise from the current levels by 8 percent annually.

Supplies and other expenses for each department were developed according to forecasted patient days and anticipated unit costs. Based on an analysis of current and historical data, unit costs of supplies and other expenses have been forecasted to increase at approximately 8 percent per year.

DEPRECIATION OF BUILDING AND EQUIPMENT

Depreciation on buildings, fixed equipment, and movable equipment related to the new facility has been included in the financial forecasts. Depreciation estimates are based on the straight-line method and the following estimated useful lives:

Building and improvements	40 years
Fixed equipment	20 years
Movable equipment	10 years

LONG-TERM DEBT

The forecasts reflect the assumption that the Pines Nursing Home will enter into a mortgage loan agreement with the Farmers Home Administration (USDA). Payments on the mortgage loan are scheduled to commence on March 1, 1985. The interest and principal payments have been computed based on an estimated interest rate of 5 percent, a 40 year maturity, and level debt service.

Funds during the construction period will be provided by Farmers Home Administration for costs actually incurred, up to the approved maximum amount. Interest expense incurred during the construction period (amounting to \$62,000) has been capitalized as part of the cost of the facility.

CURRENT ASSETS AND CURRENT LIABILITIES

Accounts receivable, inventories, prepaid expenses, accounts payable, accrued salaries and wages, and amounts withheld therefrom were based on management assumptions and available information. They are summarized below:

- Accounts receivable, less contractual allowances
 - 1985 - 30 days of net patient service revenues
 - 1986 - 30 days of net patient service revenues
- Inventories and prepaid expenses estimated based on anticipated needs.
- Accounts payable - 3.5 percent of total operating expenses
- Salaries, wages, and amounts withheld therefrom (3.8 percent of salaries, wages, and fringe benefit expense).

STATEMENT OF FORECASTED CASH FLOW

	1985	1986
Cash balance at beginning of year	\$ 174,550	\$ 59,570
Add cash provided from:		
Excess (deficit) of revenues over expenses.	(5,280)	51,670
Items charged against operations, not requiring cash:		
Provision for depreciation	<u>53,000</u>	<u>53,000</u>
Cash provided from operations and non-operating revenue	47,720	104,670
Increase (decrease) in accounts payable and accrued liabilities	42,400	32,120
(Increase) decrease in accounts receivable - net and inventories	(55,100)	(58,650)
FmHA mortgage loan proceeds	<u>1,350,000</u>	--
Total Cash Provided	<u>1,385,000</u>	<u>78,140</u>
Total Cash Available	1,559,570	137,710
Deduct cash expended for:		
Reduction of long-term debt	--	20,000
Additions to property, plant, and equipment	<u>1,500,000</u>	--
Cash balance at end of year	<u>\$ 59,570</u>	<u>\$117,110</u>

STATEMENT OF FORECASTED REVENUES AND EXPENSES

	Year Ending	
	1985	1986
Routine services	\$594,000	\$ 1,275,500
Special care - net	12,370	26,570
Medical supplies - net	3,100	6,640
Pharmacy - net	1,550	3,320
Physical therapy - net	6,180	13,300
Other	<u>1,550</u>	<u>3,320</u>
 TOTAL GROSS OPERATING REVENUES	 618,750	 1,328,650
 CONTRACTUAL ALLOWANCES AND PROVISION FOR DOUBTFUL ACCOUNTS		
Medicare	650	29,150
Medicaid	1,600	51,350
Bed debts	<u>6,150</u>	<u>13,300</u>
 TOTAL NET OPERATING REVENUES	 <u>8,400</u>	 <u>93,800</u>
	 610,350	 1,234,850
 EXPENSES		
Salaries and wages	340,300	730,750
Fringe benefits	9,280	19,930
Medical supplies	5,570	11,950
Supplies and other expense	128,080	275,030
Contracted services	12,375	26,570
Interest	67,025	65,950
Depreciation	<u>53,000</u>	<u>53,000</u>
 EXCESS OF REVENUE OVER EXPENSES	 <u>\$ (5,280)</u>	 <u>\$ 51,670</u>

FORECASTED BALANCE SHEETS

	Year Ending	
	1985	1986
CURRENT ASSETS		
Cash and investments	\$ 59,570	\$ 117,710
Accounts receivable, less allowances	51,500	110,700
Inventories	1,500	1,200
Prepaid expenses	<u>750</u>	<u>500</u>
TOTAL CURRENT ASSETS	113,320	230,110
PROPERTY AND EQUIPMENT		
Land improvements	13,200	13,200
Building and fixed equipment	1,321,600	1,321,600
Movable equipment	<u>165,200</u>	<u>165,200</u>
	<u>1,500,000</u>	<u>1,500,000</u>
Less allowance for depreciation	53,000	106,000
	<u>1,447,000</u>	<u>1,394,000</u>
Land	108,000	108,000
TOTAL PROPERTY AND EQUIP.	<u>1,555,000</u>	<u>1,502,000</u>
TOTAL ASSETS	<u>\$1,668,320</u>	<u>\$1,732,110</u>
CURRENT LIABILITIES		
Notes payable to bank	\$ 25,000	\$ 25,000
Accounts payable	22,000	40,220
Salaries, wages	13,100	28,000
Accrued interest payable	33,000	32,000
Current maturities of long-term debt	<u>20,000</u>	<u>21,100</u>
TOTAL CURRENT LIABILITIES	113,100	146,320
LONG-TERM DEBT		
Mortgage payable, less current maturities	<u>1,330,000</u>	<u>1,308,900</u>
TOTAL LONG-TERM DEBT	1,330,000	1,308,900
FUND BALANCES	225,220	276,890
TOTAL LIABILITIES AND FUND BALANCES	<u>\$1,668,320</u>	<u>\$1,732,110</u>

NURSING HOME LOAN FEASIBILITY CHECKLIST

LOAN EVALUATION FACTORS	Standard	Actual	Factors Considered	
	<u>Value*</u>	<u>Value</u>	<u>Yes</u>	<u>No</u>
<u>Project Description</u>				
1. Identifying information	N/A	N/A	X	
2. Type of ownership (public, nonprofit, etc.)	N/A	Nonprofit		
3. Form of ownership (sole proprietorship, partnership, or corporation)	N/A	Corporation		
4. Type of construction or service proposed (new, replacement, expansion, or renovation)	N/A	New		
5. Size of expansion (square feet)	N/A			
6. Certificate of need (or 1122) approval	N/A	N/A	X	
7. Estimated construction costs	N/A		X	
8. Estimated increase in service capacity (number of beds, SNF, ICF, etc.)	N/A			
9. Estimated cost escalation per month to bid date	N/A	N/A		
10. <u>Pro forma</u> financial statement obtained from certificate of need application	N/A	N/A		X
11. Narrative support from certificate of need	N/A	N/A	X	
12. Facility ownership of 5% or greater disclosed	N/A	N/A	X	
<u>Assessment of Demand</u>				
1. Primary service area correctly defined	51%	Majority	X	
2. Independent demand and feasibility studies done for new facility	N/A	N/A	X	
3. Effects on existing facilities considered	N/A	N/A	X	
4. Commitment of necessary physicians				
--List of physicians by name, age, specialty, and annual admissions for past 3-5 years	N/A	N/A		X
--Change in physician composition since feasibility study	N/A	N/A		X
5. Trends in percent of population over 65	N/A	10.7%	X	
6. Nursing home beds per thousand population	40-70	N/A		X
7. Service area occupancy rate	85-100%	96%	X	
8. Significant increase in admissions and occupancy rates adequately justified	N/A	N/A		X
9. Nursing home demand analysis sheet completed (page N-2)	N/A	N/A	X	
increasing	N/A	N/A	X	

* If appropriate

NURSING HOME DEMAND ANALYSIS SHEET

Number	Source Item	Source	Amount	Range	If Value Outside Rang See Page:
A	Occupancy rate (%)	Applicant	88%	40-100%	XI-19
B	Total Beds	Applicant	120		
C	SNF Beds	Applicant	40		
D	ICF Beds	Applicant	80		
E	Total FTEs	Applicant	75		
F	Med. and Adm. FTEs	Applicant	10		
G	Nursing FTEs	Applicant	42		
H	S.A. Population over 65	Feas. study	40650		
I	S.A. N.H. Beds	Feas. study	353		
J	S.A. N.H. Patient Days	Feas. study	113880		

	Analytical Item	Calculation	Amount		
K	Average Daily Census	A x B	106		
L	Patient Days	K x 365	38690		
M	Market share	L ÷ J	.34		
N	Supply share	B ÷ I	.34		
O	Delivery share	M ÷ N	1.0	0.9-1.2	XI-19, 20
P	Total Man Hours/Patient Day	(E x 2080) ÷ L	4.03	3-6	XI-20
Q	Nursing Hours/Patient Day	(G x 2080) ÷ L	2.26	2-4	XI-20
R	Beds/Administrative FTE	B ÷ F	12	6-10	XI-20
S	Beds per 1,000 population over 65	I ÷ H	8.7	40-70	
T	S.A. Occupancy Rate	J ÷ (I x 365)	88%	80-90	XI-19

NURSING HOME LOAN FEASIBILITY CHECKLIST (Cont.)

LOAN EVALUATION FACTORS	Standard	Actual	Factors	
	<u>Value*</u>	<u>Value</u>	Considered	
<u>Revenue Forecast</u>				
1. Third-party payment as percent of net revenues	N/A	N/A	X	
2. Flat fee or negotiated rate under Medicaid	N/A	flat	X	
3. Historical 3-5 year private patient daily rate	N/A	—	—	X
4. Annual forecasted increase in per diem charges	5-7%	10%	X	
5. Unresolved third-party settlement amounts	N/A	N/A	—	X
6. Change in mix among third-party and private pay patients considered	N/A	N/A	—	X
7. Exceed rates of competitive facilities	N/A	N/A	X	—
8. Use of lifetime contracts — amount	N/A	—	—	X
9. Substantial forecasted revenue from gifts, endowment, pledges, and grants justified	N/A	N/A	—	X
10. Amount of non-operating revenue	N/A	—	X	—
11. Revenue forecast assumptions known	N/A	N/A	X	—
<u>Operating Expenses and Debt Service Forecast</u>				
1. All major operating expenses forecasted	N/A	N/A	X	—
2. Interest expense forecasted	N/A	—	X	—
3. Inflation factor considered	1.4-1.8%/mo.	—	—	X
4. Straight line depreciation method used		N/A	X	—
5. Appropriate useful life and salvage value used	N/A	N/A	X	—
6. Interest rates used are reasonable	N/A	N/A	X	—
7. Unusual or significant loan agreement restrictions	N/A	N/A	—	X
8. Debt amortization schedule	N/A	N/A	X	—
9. All financing costs considered	N/A	N/A	X	—
10. Special fund created or funded depreciation required	N/A	N/A	X	—
11. Other types of financing considered	N/A	N/A	X	—

* If appropriate.

NURSING HOME LOAN FEASIBILITY CHECKLIST (CONT.)

LOAN EVALUATION FACTORS	Standard	Actual	Factors	
	<u>Value*</u>	<u>Value</u>	Considered <u>Yes</u>	Considered <u>No</u>
<u>Forecasted Financial Statements (3-5 years)</u>				
1. Statement of Revenue and Expenses	N/A	N/A	X	—
2. Statement of Cash Flow	N/A	N/A	X	—
3. Statement of Financial Condition (Balance Sheet)	N/A	N/A	X	—
4. Statement of Changes in Fund Balances	N/A	N/A	X	—
5. Comparison of differences in <u>pro forma</u> financial statement submitted to FmHA and to certificate-of-need agency	N/A	N/A	—	X
<u>Financial Ratio Analysis</u>				
1. Financial ratio analysis performed	N/A	N/A	X	—
<u>Management Analysis</u>				
1. Owner background examined	N/A	N/A	X	—
2. Degree of facility's community service	N/A	N/A	X	—
3. Past facility fund raising success	N/A	N/A	—	X
4. Degree of volunteer involvement	N/A	N/A	—	X
5. Local medical community support	N/A	N/A	—	X
6. Suitable living areas for professionals	N/A	N/A	—	X
7. Competitive wages paid nursing and support staff	N/A	N/A	X	—
8. Facility accreditation and affiliations	N/A	N/A	X	—
9. Facility in compliance with public health and fire safety standards	N/A	N/A	X	—
10. Staff morale and turnover	5-10%	—	—	X
11. Full social and recreational programs available	N/A	N/A	X	—
12. Effectiveness of utilization review procedures	N/A	N/A	—	X
- delegated PSRO review	N/A	N/A	—	X
- PSRO contracted	N/A	N/A	—	X
13. Accounts receivable as percent of current assets	55-90%	—	X	—
14. Bad debts as percent of accounts receivable	3-7%	—	X	—
15. Current aging schedule used	N/A	N/A	—	X
16. Degree of borrowing to meet current liabilities	N/A	N/A	—	X
17. Discounting or factoring of accounts receivable	N/A	N/A	—	X
18. Maximization of third-party reimbursement efforts effective	N/A	N/A	—	X
19. Timeliness and accuracy of third-party claim filings	N/A	N/A	—	X

NURSING HOME LOAN FEASIBILITY CHECKLIST (CONT.)

LOAN EVALUATION FACTORS	Standard	Actual	Factors	
	<u>Value*</u>	<u>Value</u>	<u>Considered</u>	
<u>Yes</u>	<u>No</u>			
<u>Management Analysis</u>				
20. Practice of receiving bids for large procurements	N/A	N/A	X	
21. Delinquency in vendor payments	N/A	N/A		X
22. Application of performance indicators (see Chapter X)	N/A	N/A		X

* If appropriate.

CASE STUDY FOR AMBULATORY CARE PROJECTS
LOCAL CLINIC, INC.

HISTORY AND GENERAL DESCRIPTION OF THE PROGRAM

Local Clinic, Inc. (LCI) was incorporated in 1976 as a nonprofit corporation in the village of Radford, Virginia in Bellevue County. During that year, LCI purchased, renovated, staffed, and equipped an ambulatory health care facility in order to facilitate recruitment of physicians to this rural area. Three fund raising campaigns were held between 1978 and 1981. These campaigns generated the following pledges:

<u>Fiscal Year</u>	<u>Pledges Received From the Community</u>	<u>Matching Grant Received From a Local Foundation</u>
1978	\$30,968.00	\$30,968.00
1979	15,543.00	15,543.00
1981	15,094.00	-

In the current year, LCI has also received a \$40,000 local contribution from the Marshall Memorial Trust Foundation.

Between 1978 and 1981, the St. Martin Hospital Family Practice Residency Program used LCI as an outpatient training facility under the supervision of a medical preceptor. This program began with one physician, one day a week, and expanded to one physician five days a week by late 1979. In May of 1982, LCI secured funds for the construction of an addition to the facility, which is now near completion and is being used by three physicians.

LCI has requested approval from the State Department of Health for status as a provider of primary health care. This approval should be obtained by January 1, 1984 and will permit LCI to employ its own medical personnel (including physicians, nurses, and technicians) rather than leasing its facilities to physicians and their employees. Primary health care, as defined by the local health planning agency, includes those services that people receive on first contact with the health system.

LCI intends to use the proceeds of the Farmers Home Administration Loan to complete construction of two additional doctors offices in the existing building, purchase equipment, furnish laboratory and X-ray departments, and repay its outstanding debt related to the construction. Construction of these offices is projected to commence in January 1984 and end by June of the same year. There will be no interruption of service during the construction period.

A summary of the anticipated sources and uses of funds related to the project is presented below:

Sources of Funds:

Anticipated funds from Farmers Home Administration (USDA)	\$460,000
Equipment loan to finance X-ray and laboratory equipment	50,000
Pledges paid	14,839
TOTAL	\$524,839

Uses of Funds:

Repay construction financing	\$314,839
Equipment, X-ray and laboratory facilities	120,000
Complete construction of medical office building	90,000
TOTAL	\$524,839

SERVICE AREA ANALYSIS

The primary service area for Local Clinic, Inc., consists of many areas of Bellevue County, including Radford and ten townships in the southern part of the county. It also includes two adjoining townships in the northern portion of an adjacent county. This entire area accounts for approximately 85 percent of all patient visits. Patient origin analysis indicates that no major changes in the service area have occurred during the past several years, and none are expected in the near future.

During the past decade, both the population and economy in the service area declined slightly. In 1976, the population of LCI's service area was 24,943--a 9 percent decline from 1966. This reduction in population may be attributed to outmigration caused by limited job opportunities. The major industries are light manufacturing, lumbering, and tourism, with a gradually decreasing emphasis on agriculture.

In addition to the permanent population, there is an increasing number of seasonal visitors to the area who take advantage of recreational opportunities. The numerous camping grounds in the Radford area attract an estimated 4,000-6,000 people during the summer months. In addition, there is a significant number of summer homes in the area, and more are expected to be built in the future. While it is not possible to accurately measure this transient population, its presence is creating an increasing demand for medical services during the summer months.

There is a proposal to construct an amusement park near Radford. This amusement park would develop the tourism industry by creating a year round resort. Two large breweries are also being constructed in an area adjacent to LCI's service area. However, the potential impact of these developments is not included in the accompanying projections of future patient utilization of LCI's facilities.

Based on projections by the State Office of Planning Services, the population of LCI's service area is anticipated to increase to approximately 26,000 by 1986, or about 5 percent above the level in 1976. It is also expected that the population will continue to age somewhat throughout the 1980s. Persons 65 years and older constitute approximately 12 percent of the service area population, compared with 9.9 percent of the U.S. population.

There are five other physicians in the service area. Two of these physicians are near retirement and practice only part-time. Another ambulatory care center located in Centerville opened in October, 1981. The presence of this Centerville facility should not have an adverse impact on the progress at LCI, since its service area only slightly overlaps that of LCI. Other alternatives to residents of LCI's service area are the emergency rooms of the three surrounding hospitals located in Waterville, Washengberry, and Chipville. Each city is located 30-40 miles from Radford.

The primary care utilization rate for the LCI service area is lower than that for the remainder of the state. This is primarily the result of a shortage of physicians and a lack of medical services. With the addition of new physicians and medical services, it is anticipated that the utilization rate will increase substantially.

EVALUATION OF PHYSICIAN SUPPORT

There are three physicians on the active staff at LCI: one internist, one general practitioner, and one family practitioner/pediatrician. All of these physicians have their offices located in the new addition at LCI. These physicians are now private practitioners paying

rent to LCI, but it is hoped that they will become employees of the clinic on January 1, 1984. One of the three physicians has been on the medical staff for one year. The other two have been on staff for less than a year and are still in the process of building their practices. Because LCI recently ended its affiliation with St. Martin's Hospital Family Practice Program, the corporation expects to add a fourth physician on a full-time basis in March 1984, just prior to completion of the doctors' offices. LCI also has one full-time nurse clinician.

UTILIZATION FORECASTS

LCI's historical utilization levels for fiscal years 1978-1983 and forecasted utilization levels for fiscal years 1984-1986 are shown in the following table:

<u>Actual</u>	Number <u>Patient Visits</u>	Average Number Patients/ Physician/Day
1978	609	20
1979	2,083	18
1980	4,978	23
1981	6,787	27
1982	7,095	31
1983	9,726	31

<u>Forecasted</u>	Number <u>Patient Visits</u>	Average Number Patients/ Physician/Day
1984	20,450	30
1985	28,800	30
1986	28,800	30

The forecasts for 1984 through 1986 are based on information obtained from physicians, expected physician availability, the potential patient service area, and national trends in the provision of ambulatory health care.

The key assumptions which underly the forecasted utilization of the LCI program are:

- The population and economy in LCI's service area will grow at a moderate but steady rate during the forecast period.
- LCI will be able to hire a fourth full-time physician. This will not result in an excess of health care providers in the primary service area.
- The service area population will seek primary health care services from LCI.

ANCILLARY SERVICE FORECASTS

Based upon comparable ambulatory care center statistics and national statistics, the following units of ancillary services have been forecasted:

<u>Fiscal Year</u>	<u>Laboratory Procedures</u>	<u>Radiology Procedures</u>
1984	7,200	2,400
1985	8,650	2,900
1986	8,800	3,000

The laboratory and radiology services projections are proportional to the number of patient visits. It is forecasted that there will be approximately three laboratory procedures performed for every ten patients seen by a physician. These use rates are slightly higher than the national average but are comparable to another primary health care provider in the area. Additional laboratory and radiology procedures will be performed for patients not seeing a physician (during follow-up visits) and for quality control purposes.

PATIENT SERVICE REVENUES

Revenues resulting from physician services to patients have been forecasted by applying the expected average routine service charges to the forecasted patient visits. The routine service charges were based on those presently in effect at LCI, adjusted for forecasted increases in cost.

Current charge rates at LCI are comparable with those of other primary care providers. Revenues for ancillary services were forecasted by applying an average charge rate to the estimated units of service.

A summary of average charges per patient for each year of the forecast are shown below:

	<u>1984</u>	<u>1985</u>	<u>1986</u>
Physicians	\$9.50	\$10.45	\$16.93
X-ray	-	1.37	1.81
Laboratory	-	<u>2.75</u>	<u>3.63</u>
TOTAL	<u>\$9.50</u>	<u>\$14.57</u>	<u>\$16.93</u>

LCI will become eligible to receive reimbursement directly from third-party payors (Medicare, Medicaid, Blue Cross) upon receiving approval from the State Department of Health to operate as a provider of primary health care. Third-party payors generally reimburse such providers on a "reasonable charge" basis. Current reimbursement of a similar facility by third-party payors is in excess of average charges forecasted for LCI in 1986.

PROVISION FOR UNCOLLECTIBLE PATIENT ACCOUNTS RECEIVABLE AND OTHER CONTRACTUAL ALLOWANCES

The provision for losses on uncollectible patient accounts receivable and other allowances has been included in the forecasts at approximately 2 1/2 percent of gross revenue.

OTHER REVENUE

Other revenue includes forecasted income from rental of a building owned by LCI to a dentist, a contract for school physicals, and other miscellaneous revenue. The amounts included in the forecasts have been estimated on the basis of other revenue earned in the past by LCI, adjusted for expected volume and price changes.

OPERATING EXPENSES

Staffing requirements were developed according to present staffing patterns of the facility and have been adjusted for the forecasted operating levels. The forecasts result in the following full-time equivalent employees (FTEs).

	Year Ended April 30		
	1984	1985	1986
Physicians	2.5	3.5	4.0
Administrator	1.0	1.0	1.0
Nurse clinician	1.0	1.0	1.0
Nurses	3.0	4.0	4.0
Laboratory and X-ray technicians	1.5	1.5	1.5
Medical secretaries	2.0	2.0	2.0
Receptionists	2.0	2.0	2.0
Custodian	1.0	1.0	1.0
TOTAL	<u>14.0</u>	<u>14.0</u>	<u>14.0</u>

Estimated expenses for salaries and wages were based upon these staffing requirements and the average hourly rates of employees currently on the facility's payroll. These rates were adjusted to reflect management's projection of annual wage increases of approximately 8 percent.

Fringe benefits have been estimated on the basis of LCI's past experience, adjusted for foreseeable changes and are projected to be approximately 18 percent of wage and salary costs. These benefits include payroll taxes, group life and group hospitalization insurance.

Supplies and other expenses were developed according to forecasted units of service and unit costs. Based upon an analysis of historical and current data, unit costs of supplies and other expenses have been forecasted to increase from 7 to 10 percent per year, except for malpractice insurance rates and utility costs. Utility costs were

increased at a rate of 20 percent during the forecast period. Forecasted malpractice insurance expense was based upon estimates of future insurance premiums and insurance availability provided by LCI's insurance carrier. Forecasted increases in malpractice insurance expense average 20 percent over the forecast period.

PROVISIONS FOR DEPRECIATION OF BUILDINGS AND EQUIPMENT

Depreciation on buildings, fixed equipment, remodeling and movable equipment relating to the new and remodeled facilities has been provided in the financial statement forecasts using the straight-line depreciation method and the following estimated useful lives:

Building	40 years
Movable equipment	10 years

Depreciation on existing property, plant, and equipment has been provided in accordance with established useful lives using the straight-line method.

LONG-TERM DEBT

The financial statement projections are based on the assumption that LCI enters into a mortgage agreement with the Farmers Home Administration (USDA). This mortgage will be closed upon obtaining approval to operate as a health care provider from the State Health Department. The first payments on the mortgage are scheduled to commence in January 1984. The amount of interest and principal repayments have been computed based upon an estimated interest rate of 5 percent and a life of 40 years. Both the interest rate and lifespan of the facility were stipulated by FmHA.

has been provided by a commercial bank at a rate of 9 1/2 percent.

The agreement between the Farmers Home Administration and LCI states that all revenue be set aside in a separate account to be designated the Revenue Fund Account. Monies deposited therein shall be expended and used only in the manner and order as follows:

- 1) Debt Service Account. Each month, there shall be transferred from the Revenue Fund Account to the Debt Service Account (before any other expenditure or transfer therefrom), a sum equal to at least 1/12 of the annual installment becoming due on the succeeding January 1. The purpose of such transfers is payment of the note installments.

If LCI for any reason fails to make the required transfers, an amount equal to the deficiency shall be set aside and credited to the Debt Service Account from the gross revenues in the ensuing month or months. This amount shall be in addition to the regular credits required during the succeeding month or months.

- 2) Operations and Maintenance Account. After the transfer required in section (1), there shall be set aside and credited to the Operation and Maintenance Account each month a sufficient portion of the balance of the income and revenue remaining in the Revenue Fund Account to pay the reasonable and necessary current expenses of operating and maintaining the Facility for the current month.
- 3) Reserve Account. From the funds remaining in the Revenue Fund Account (after the above transfers have been made) there shall be set aside and credited to the Reserve Account 1/60 of the annual installment each month until there is accumulated in that fund a sum equal to the annual installment on the loan, after which no further credits need be made except to replace withdrawals. The Reserve Account shall be used only for paying the cost of repairing or replacing any damage to the Facility which may be caused by an unforeseen catastrophe, making extensions or improvements to the Facility with the prior written approval of the Government, and, when necessary, making debt service payments on the note in the event the amount in the Debt Service Account is insufficient to meet such payments. Whenever disbursements are made from the Reserve Account, monthly credits shall be resumed until there is again accumulated the amount equal to the annual installment, at which time credits may be discontinued.

Whenever amounts in excess of the requirements of sections (1), (2), and (3) are accumulated in the Revenue Fund Account, the excess may be used by the Clinic to make payments on the loan. The accounts required by sections (1), (2), and (3) may be established and maintained either as bookkeeping accounts or as separate bank accounts at the election of LCI, unless otherwise directed by the Government.

CURRENT ASSETS AND CURRENT LIABILITIES

Accounts receivable, accounts payable and accrued salaries and wages were estimated and are summarized below:

Accounts Receivable, Net	-45 days of net patient service revenue
Accounts Payable	-30 days of operating expenses
Accrued Wages and Salaries and Related Liabilities and Professional Fees	-1 week of salaries

LOCAL CLINIC, INC.

STATEMENT OF FORECASTED REVENUE AND EXPENSES
YEARS ENDING APRIL 30

	<u>1984</u>	<u>1985</u>	<u>1986</u>
Revenue:			
From Medical Services:			
Physicians	\$ 68,400	\$301,000	\$331,100
X-Ray	-	39,600	52,300
Laboratory	-	79,200	104,500
Other:			
School contract	5,100	8,800	9,700
Rental income	3,200	3,200	3,200
Rent from physicians	<u>35,300</u>	<u>-</u>	<u>-</u>
TOTAL OPERATING REVENUE	<u>112,000</u>	<u>431,800</u>	<u>500,800</u>
Operating Expenses:			
Salaries	95,000	262,100	288,800
Fringe benefits	11,900	36,500	38,700
Insurance expense	2,900	9,000	10,600
Interest expense	26,200	29,300	28,300
Depreciation	21,300	34,200	35,100
Local taxes & repairs	1,900	2,000	2,200
Heat, light, power	8,700	11,200	12,000
Telephone	6,000	8,700	9,300
Supplies	18,300	51,500	60,500
Legal & professional	4,900	5,900	7,100
Miscellaneous	7,800	1,400	1,500
Bad debt expense	<u>1,700</u>	<u>10,500</u>	<u>12,200</u>
TOTAL OPERATING EXPENSE	<u>206,600</u>	<u>462,300</u>	<u>505,800</u>
NET OPERATING INCOME (LOSS)	(94,600)	(30,500)	(5,000)
Other Income:			
Gain from sale of property	4,000	-	-
Donations	<u>40,000</u>	<u>10,000</u>	<u>10,000</u>
	<u>44,000</u>	<u>10,000</u>	<u>10,000</u>
Net income (loss)	<u>(50,600)</u>	<u>(20,500)</u>	<u>(5,000)</u>
Fund balance at beginning of year	<u>541,100</u>	<u>490,500</u>	<u>470,000</u>
FUND BALANCE AT END OF YEAR	<u>\$490,500</u>	<u>\$470,000</u>	<u>\$475,000</u>

See assumptions and rationale related to forecasted financial statements.

LOCAL CLINIC, INC.

STATEMENT OF FORECASTED CASH FLOW

YEARS ENDING APRIL 30

	1984	1985	1986
Balance at beginning of year	\$ 5,100	\$108,600	\$70,000
Cash provided from:			
Excess (deficiency) of revenues over expenses	(50,600)	(20,500)	5,000
Add items charged against operations not requiring cash:			
Depreciation	<u>21,300</u>	<u>34,200</u>	<u>35,100</u>
CASH PROVIDED FROM (USED IN) OPERATIONS	<u>(29,300)</u>	<u>13,700</u>	<u>40,100</u>
 Increase in accounts payable and accrued liabilities	900	7,500	1,300
Payment of pledges	80,000	56,000	14,000
Collection of notes receivable	5,000	-	-
Collection of rents receivable	19,600	-	-
Proceeds from long-term borrowing	<u>460,000</u>	<u>50,000</u>	<u>-</u>
 TOTAL CASH PROVIDED	<u>536,200</u>	<u>127,200</u>	<u>55,400</u>
TOTAL CASH AVAILABLE	<u>541,300</u>	<u>235,800</u>	<u>125,400</u>
 Deduct cash expended for:			
Payment of notes payable to officer	12,000	-	-
Payment of rental property mortgage	25,000	-	-
Additions to fixed assets - net	66,000	130,000	10,500
Increase in accounts receivable	25,700	26,800	8,500
Payment of bank loans	265,000	-	8,100
Payment of FHA mortgage	1,200	3,700	4,000
Payment of construction accounts payable	37,800	-	-
Escrow provision for FHA mortgage	-	5,300	5,300
Cash used to fund depreciation	<u>-</u>	<u>-</u>	<u>7,700</u>
 TOTAL CASH EXPENDED	<u>432,700</u>	<u>165,800</u>	<u>43,600</u>
 BALANCE AT END OF YEAR	<u>\$108,600</u>	<u>\$ 70,000</u>	<u>\$ 81,800</u>

See assumptions and rationale related to forecasted financial statements.

LOCAL CLINIC INC.

FORECASTED BALANCE SHEET

Years Ended April 30

	1984	1985	1986	1984	1985	1986
ASSETS						
CURRENT ASSETS						LIABILITIES
Cash	\$ 108,600	\$ 70,000	\$ 81,000	CURRENT LIABILITIES		
Pledges receivable	66,400	14,000	—	Accounts payable and accrued		
Accounts receivable	<u>25,700</u>	<u>52,500</u>	<u>61,000</u>	payroll		
				Current maturities of longterm debt	\$ 4,700	\$ 12,200
					<u>3,800</u>	<u>12,100</u>
TOTAL CURRENT ASSETS	200,700	136,500	142,800	TOTAL CURRENT LIABILITIES	8,500	24,300
OTHER ASSETS						LONG-TERM DEBT
Pledges receivable from Medical Center Fund Drive	3,600	—	—	Mortgage payable	16,000	16,000
Marketable securities	6,500	6,500	6,500	FHA Loan - less current portion	455,000	451,100
Mortgage escrow	—	5,300	10,600	Note payable to bank - less current portion	—	41,900
Cash restricted for depreciation funding	—	—	7,700	FUND BALANCE	490,500	470,500
PROPERTY, PLANT AND EQUIPMENT						TOTAL LIABILITIES AND FUND BALANCE
Land	17,600	17,600	17,600		\$ 970,000	\$ 1,003,300
Health building	714,400	714,400	714,400			
Rental property	36,900	36,900	36,900			
Equipment	27,100	157,100	167,100			
Less allowance for depreciation	(36,800)	(71,000)	(106,100)			
PROPERTY, PLANT AND EQUIPMENT (NET)	759,200	855,000	829,900			
TOTAL ASSETS	\$970,000	\$1,003,300	997,500			

AMBULATORY CLINIC LOAN FEASIBILITY CHECKLIST

LOAN EVALUATION FACTORS	Standard	Actual	Factors	
	<u>Value*</u>	<u>Value</u>	<u>Yes</u>	<u>No</u>
<u>Project Description</u>				
1. Identifying information	N/A	N/A	—	—
2. Type of ownership (public, nonprofit, etc.)	N/A	Nonprofit	—	—
3. Form of ownership (sole proprietorship, partnership, or corporation)	N/A	Corporation	—	—
4. Type of construction or service proposed (new, replacement, expansion, or renovation)	N/A	New	—	—
5. Size of expansion (square feet)	N/A	N/A	—	—
6. Certificate of need (or 1122) approval	N/A	N/A	—	—
7. Estimated construction costs	N/A	\$524,800	—	—
8. Estimated increase in service capacity (number of visits, etc.)	N/A	1.96	—	—
9. Estimated cost escalation per month to bid date	N/A	—	—	—
10. <u>Pro forma</u> financial statements obtained from certificate of need application	N/A	N/A	—	—
11. Narrative support from certificate-of-need	N/A	N/A	—	—
12. Facility ownership of 5% or greater disclosed	N/A	N/A	—	—
<u>Assessment of Demand</u>				
1. Primary service area correctly defined	51%	85%	—	—
2. Independent demand and feasibility studies done for new facility	N/A	N/A	X	—
3. Effects on existing facilities considered	N/A	N/A	X	—
4. Commitment of necessary physicians				
--List of physicians by name, age, specialty, and annual admissions for past 3-5 years	N/A	N/A	X	—
--Change in physician composition since feasibility study	N/A	N/A	X	—
5. Large scale inmigration forecast	N/A	N/A	X	—
6. Large scale outmigration forecast	N/A	N/A	—	X
7. Service area population growth increasing	N/A	5%	X	—
8. Service area birth rate per thousand	12.5-15.0	—	—	X
9. Percent of population over 65	N/A	12%	X	—
--increasing	N/A	N/A	—	—
10. Increase in local third-party coverage for preventive and ambulatory services	N/A	N/A	—	X
11. Physicians per 100,000 population	125-200	—	—	X
12. Number of emergency room visits per inpatient admission	1.9-2.2	—	—	X
13. Number of hospital outpatient visits per thousand population	800-1,200	—	—	X
14. Significant increase in visits adequately justified	N/A	N/A	X	—
15. Ambulatory clinic demand analysis sheet completed (page A-2)	N/A	N/A	X	—

* If appropriate

AMBULATORY CLINIC LOAN FEASIBILITY CHECKLIST (Cont.)

LOAN EVALUATION FACTORS	Standard Value*	Actual Value	Factors Considered	
			<u>Yes</u>	<u>No</u>
<u>Revenue Forecast</u>				
1. Third-party payment as percent of net revenues	N/A	N/A	—	X
2. Facility integral part of hospital financial structure	N/A	N/A	—	X
3. Historical 3-5 year in-patient routine revenue per day	N/A	—	X	—
4. Annual forecasted increase in per diem charges	N/A	—	X	—
5. Unresolved third-party settlement amounts	N/A	N/A	X	—
6. Change in mix among third-party payors considered	N/A	N/A	—	X
7. Exceed rates of competitive facilities	N/A	N/A	—	X
8. Percent of Medicaid and other charge payors	N/A	—	—	X
9. Other operating revenue as percent of net total patient revenue	N/A	—	X	—
10. Non-operating revenue as percent of net total patient revenue	N/A	—	X	—
11. Substantial forecasted revenue from gifts, endowments, pledges, and grants justified	N/A	N/A	—	X
12. Amount of non-operating funds unrestricted	N/A	—	—	X
13. Revenue forecast assumptions known	N/A	N/A	X	—
<u>Operating Expenses and Debt Service Forecast</u>				
1. All major operating expenses forecasted	N/A	N/A	X	—
2. Percent of patients referred to other physicians	N/A	—	—	X
3. Inflation factor considered	1.4-1.8%/mo.	—	—	X
4. Straight line depreciation method used	N/A	N/A	X	—
5. Appropriate useful life and salvage value used	N/A	N/A	X	—
6. Interest rates used are reasonable	N/A	N/A	X	—
7. Unusual or significant loan agreement restrictions	N/A	N/A	X	—
8. Debt amortization schedule	N/A	N/A	X	—
9. All financing costs considered	N/A	N/A	X	—
10. Special fund created or funded depreciation required	N/A	N/A	X	—
11. Other types of financing considered	N/A	N/A	X	—

* If appropriate.

AMBULATORY CLINIC FEASIBILITY CHECKLIST (Cont.)

LOAN EVALUATION FACTORS	Standard Value*	Actual Value	Factors Considered	
	<u>Value</u>	<u>Value</u>	<u>Yes</u>	<u>No</u>
<u>Forecasted Financial Statements</u>				
1. Statement of Revenue and Expenses	N/A	N/A	X	
2. Statement of Cash Flow	N/A	N/A	X	
3. Statement of Financial Condition (Balance Sheet)	N/A	N/A	X	
4. Statement of Changes in Fund Balances	N/A	N/A	X	
5. Comparison of differences in <u>pro forma</u> financial statement submitted to FmHA and to certificate-of-need agency	N/A	N/A	X	
<u>Financial Ratio Analysis</u>				
1. Financial ratio analysis performed	N/A	N/A	X	
<u>Management Analysis</u>				
1. Trustee or owner background examined	N/A	N/A		X
2. Degree of facility's community service	N/A	N/A	X	
3. Past facility fund raising success	N/A	N/A		X
4. Degree of volunteer involvement	N/A	N/A	X	
5. Local medical community support	N/A	N/A	X	
6. Suitable living areas for professionals	N/A	N/A	X	
7. Management knowledge and experience	N/A	N/A	X	
8. Facility accreditation and affiliations	N/A	N/A	X	
9. Facility in compliance with public health and fire safety standards	N/A	N/A	X	
10. Staff morale and turnover	5-10%			X
11. Use of recent technology advances	N/A	N/A	X	
12. Presence of internal peer review mechanism	N/A	N/A	X	
13. Accounts receivable as percent of current assets	55-90%		X	
14. Bad debts as percent of accounts receivable	3-7%		X	
15. Current aging schedule used	N/A	N/A		X
16. Degree of borrowing to meet current liabilities	N/A	N/A	X	
17. Discounting or factoring of accounts receivable	N/A	N/A	X	
18. Maximization of third-party reimbursement efforts effective	N/A	N/A		X
19. Timeliness and accuracy of third-party claim filings	N/A	N/A	X	
20. Practice of competing large procurements	9.63%			X
21. Delinquency in vendor payments	N/A	N/A		X
22. Application of physician specialty staffing ranges per 10,000 patients (see Chapter X)	N/A	N/A	X	
23. Application of non-physical staffing ranges per 10,000 patient population (see Chapter X)	30.75%		X	

AMBULATORY CLINIC DEMAND ANALYSIS SHEET

If Value
Outside Range,
See Page:

Number	Source Item	Source	Amount		
A	Service Area MD's Delivering Primary Care (%)	Feas. Study	<u>14</u>		
B	Forecasted Service Area Annual E.R. Visits	Feas. Study	<u>0</u>		
C	Forecasted Service Area Annual OPD Visits	Feas. Study	<u>0</u>		
D	Service Area Population	Feas. Study	<u>26000</u>		
E	Anticipated Annual Visits at Proposed Facility	Applicant	<u>28800</u>		
F	Forecasted Annual Lab	Applicant	<u>8800</u>		
G	Forecasted Radiology Proce- dures at Proposed Facility	Applicant	<u>3000</u>		
H	Physicians to be on Staff at Proposed Facility	Applicant	<u>4</u>		
I	Para-Professionals to be on Staff at Proposed Facility	Applicant	<u>8.5</u>		
<hr/>					
	Analytical Item	Calculation	Amount		
J	Service Area Annual Outpatient Visits/1000 Pop.	$(B+C+E) \times 1000 \div D$	<u>1108</u>	800 - 1200	XI-27
L	Service Area Pop/Physician	$D \div A$	<u>1857</u>	1500 - 2250	XI-27
K	Visits Per Staff MD Per Week	$E \div (H \times 50)$	<u>144</u>	135 - 170	XI-27
L	Service Area Populatin/ Para-Professional	$D \div I$	<u>3058</u>	1000 - 1750	
M	Lab Tests Per Visit	$F \div E$	<u>.306</u>	0.1 - 0.3	XI-28
N	Radiology Procedures Per Visit	$G \div E$	<u>.104</u>	0.005 - 0.2	XI-28



II. GOVERNMENT AND ASSOCIATION
DIRECTORIES

HEALTH SYSTEMS AGENCIES

HSA TOTAL = 132

ALASKA

HEALTH SERVICE AREA 1

SOUTHEAST ALASKA HEALTH SYSTEMS AGENCY
 P.O. BOX 7015
 KETCHIKAN, ALASKA 99901
 (907)225-9681
 HOWARD GABRIEL PHD, DIRECTOR
 NON-PROFIT CORPORATION
 CONGRESSIONAL DISTRICT AT LARGE

ARTHUR WILLMAN
 PRESIDENT, GOVERNING BODY
 PHS ALASKA NATIVE HOSPITAL
 P.O. BOX 4577
 SITKA, ALASKA 99835

HEALTH SERVICE AREA 2

SOUTH CENTRAL HEALTH PLANNING
 & DEVELOPMENT INC.
 1135 WEST EIGHTH AVENUE, SUITE 1
 ANCHORAGE, ALASKA 99501
 (907)278-3631
 RON HAUSETT, DIRECTOR
 NON-PROFIT CORPORATION
 CONGRESSIONAL DISTRICT AT LARGE

LILLIE MCGARVEY
 PRESIDENT, GOVERNING BODY
 4230 TAHOE DRIVE
 ANCHORAGE, ALASKA 99501

HEALTH SERVICE AREA 3

NORTHERN ALASKA HEALTH RESOURCES
 ASSOCIATION, INC.
 529 FIFTH AVENUE, SUITE 8
 FAIRBANKS, ALASKA 99701
 (907)456-2553

DR. CHARLES KALTENBACH, EXEC. DIRECTOR
 NON-PROFIT CORPORATION
 CONGRESSIONAL DISTRICT AT LARGE

PAUL SHERRY
 PRESIDENT, GOVERNING BODY
 TANANA CHIEFS CONFERENCE
 307 1ST AVENUE
 FAIRBANKS, ALASKA 99701

ARIZONA

HEALTH SERVICE AREA 1

CENTRAL ARIZONA HEALTH SYSTEMS AGENCY
 124 WEST THOMAS ROAD
 PHOENIX, ARIZONA 85007
 (602)263-5277
 KEN DRIGGS, EXEC. DIRECTOR
 NON-PROFIT CORPORATION
 CONGRESSIONAL DISTRICTS 1-4

RUDY CAMPBELL
 CHAIRMAN, GOVERNING BODY
 CAMPBELL, SCHONEDERGER & ASSOCIATES
 2326 SOUTH MCCLINTOCK
 TEMPE, ARIZONA 85282

HEALTH SERVICE AREA 2

HEALTH SYSTEMS AGENCY OF
 SOUTHEASTERN ARIZONA
 100 N. STONE AVE., SUITE 305
 TUCSON, ARIZONA 85701
 (602)623-5733
 PHILLIP LOPES, EXEC. DIRECTOR
 NON-PROFIT CORPORATION
 CONGRESSIONAL DISTRICTS 2-4

DR. EUGENE SEKLECKI
 CHAIRPERSON, GOVERNING BODY
 3945 NORTH PAHTANO ROAD
 TUCSON, ARIZONA 85715

HEALTH SERVICE AREA 3

NORTHERN ARIZONA HEALTH SYSTEMS AGENCY
 121 EAST BIRCH, SUITE 503
 P.O. BOX 896
 FLAGSTAFF, ARIZONA 86002
 (502)779-0325

WILLIAM C. WADE, EXEC. DIRECTOR
 REGIONAL PLANNING BODY
 CONGRESSIONAL DISTRICTS 3,4

DEBORAH HARRISON
 CHAIRMAN, GOVERNING BODY
 1008 APACHE AVENUE
 WINSLOW, ARIZONA 86047

ARIZONA

HEALTH SERVICE AREA 4

NAVAJO HEALTH SYSTEMS AGENCY
 NAVAJO TRIBAL COUNCIL
 P.O. BOX 604
 WINDOM ROCK, ARIZONA 86515
 (602)871-5513
 HAROLD STRICH, EXEC. DIRECTOR
 LOCAL GOVERNMENT
 CONGRESSIONAL DISTRICTS 3,4 (AZ)
 2 (NM) 1 (UT)

TAYLOR MCKENZIE, MD
 PRESIDENT, GOVERNING BODY
 P.O. BOX 160
 SHIPROCK, NEW MEXICO 84270

HEALTH SERVICE AREA 5

WESTERN ARIZONA HEALTH SYSTEMS AGENCY
 CENTURY PLAZA
 281 WEST 24TH STREET - SUITE 144
 YUIMA, ARIZONA 85364
 (602)26-8300
 LAURENCE NIELSEN, EXEC. DIRECTOR
 NON-PROFIT CORPORATION
 CONGRESSIONAL DISTRICT 3

DR. DANIEL W. WYNKOOP

CHAIRMAN, GOVERNING BODY

305 WEST BEALE STREET

KINGMAN, ARIZONA 86401

ARKANSAS

HEALTH SERVICE AREA 1

W. ARKANSAS HEALTH SYSTEMS AGENCY, INC.
 P.O. DRAWER H
 RUSSELLVILLE, ARKANSAS 72801
 (501)538-2229
 ROBERT HEITINGA, EXEC. DIRECTOR
 NON-PROFIT CORPORATION
 CONGRESSIONAL DISTRICTS 2-4

HARLAN MCMLIAN, PH.D.
 PRESIDENT, GOVERNING BODY
 320 SOUTH UTAH
 RUSSELLVILLE, ARKANSAS 72801

ARKANSAS

HEALTH SERVICE AREA 2

DELTA-HILLS HEALTH SYSTEMS AGENCY, INC.
1301 MCCLAIN AND PECAN STREET
NEWPORT, ARKANSAS 72112
(501)523-8973

JOHN T. ROREX, EXEC. DIRECTOR

NON-PROFIT CORPORATION

CONGRESSIONAL DISTRICTS 1,2

JOHN E. MILLER
PRESIDENT, GOVERNING BODY
P.O. BOX 436
MELBOURNE, ARKANSAS 72556

HEALTH SERVICE AREA 3

C. ARKANSAS HEALTH SYSTEMS AGENCY, INC.
7509 CANTRELL ROAD, SUITE 224
LITTLE ROCK, ARKANSAS 72207
(501)663-5512

J. LARRY TAYLOR, EXEC. DIRECTOR

NON-PROFIT CORPORATION

CONGRESSIONAL DISTRICTS 1,2

ERNEST TRICE
PRESIDENT, GOVERNING BODY
P.O. BOX 635
DES ARK, ARKANSAS 72040

HEALTH SERVICE AREA 4

S. ARKANSAS HEALTH SYSTEMS AGENCY, INC
1920 NORTH COLLEGE STREET
P.O. BOX 1917
EL DORADO, ARKANSAS 71730
(501)862-7951

BERNAYS B. MALIN, JR., EXEC. DIRECTOR

NON-PROFIT CORPORATION

CONGRESSIONAL DISTRICTS 2,4

LESTER M. SITZES, JR., D.D.S.
PRESIDENT, GOVERNING BODY
1819 SOUTH MAIN
HOPE, ARKANSAS 71810

CALIFORNIA

HEALTH SERVICE AREA 1

NORTHERN CALIFORNIA HLTH SYSTEMS AGCY
813 E. 5TH AVENUE
CHICAGO, CALIFORNIA 95926
(916)895-4611

PATRICIA JAKOBI, EXEC. DIRECTOR

NON-PROFIT CORPORATION

CONGRESSIONAL DISTRICTS 1,2,4

EVERETT L. BECK
PRESIDENT, GOVERNING BODY
MAYER'S MEMORIAL HOSPITAL

P.O. BOX 459
FALL RIVER MILLS, CALIFORNIA 96023

HEALTH SERVICE AREA 6

ALAMEDA-CONTRA COSTA HLTH SYSTEMS AGCY
235 WEST MACARTHUR BLVD., SUITE 700
OAKLAND, CALIFORNIA 94611
(415)652-5566

CLIFFORD CARPENTER, EXEC. DIRECTOR

REGIONAL PLANNING BODY

CONGRESSIONAL DISTRICTS 8,9

JUDGE KEN KAJAICHI
PRESIDENT, GOVERNING BODY
1225 FALLON STREET, DEPT: 8
OAKLAND, CALIFORNIA 94612

HEALTH SERVICE AREA 3

NORTH SAN JOAQUIN VALLEY

HEALTH SYSTEMS AGENCY
2937 VENEMAN AVENUE, SUITE 245
NODESTO, CALIFORNIA 95356
(209)529-5080

G. MICHAEL GALLAGHER, EXEC. DIRECTOR

REGIONAL PLANNING BODY

CONGRESSIONAL DISTRICTS 14,15

JOHN TRUSSLER
PRESIDENT, GOVERNING BODY
ELIAHUEL MEDICAL CENTER
825 DELDON
TURLOCK, CALIFORNIA 95380

HEALTH SERVICE AREA 7

SANTA CLARA COUNTY HEALTH SYSTEMS AGCY
652 NORTH FIRST STREET
SAN JOSE, CALIFORNIA 95112
(408)292-9572

BRIAN DODRON, EXEC. DIRECTOR

LOCAL GOVERNMENT

CONGRESSIONAL DISTRICTS 10,12,13

NORMAN ABRAHAMS, D.D.S.
CHAI?MAN, GOVERNING BODY
MEDICAL VILLAGE OF SARATOGA
19020 COX AVENUE
SARATOGA, CALIFORNIA 95070

CALIFORNIA

HEALTH SERVICE AREA 8

MID-COAST HEALTH SYSTEMS AGENCY
 76 STEPHANIE DRIVE
 P.O. BOX 1068
 SALINAS, CALIFORNIA 93901
 (408) 757-2044
 DAVID WRIGHT, EXEC. DIRECTOR
 REGIONAL PLANNING BODY
 CONGRESSIONAL DISTRICTS 16, 19

LORETTIE WOOD
 PRESIDENT, GOVERNING BODY
 121 SHELTER LAGOON DRIVE
 SANTA CRUZ, CALIFORNIA 95060

HEALTH SERVICE AREA 9

CENTRAL CALIFORNIA
 HEALTH SYSTEMS AGENCY
 208 WEST MAIN STREET, SUITE 9
 VISALIA, CALIFORNIA 93291
 (209) 753-8676
 MARLENE CHECEL, EXEC. DIRECTOR
 NON-PROFIT CORPORATION
 CONGRESSIONAL DISTRICTS 15, 17, 18

JOSEPH HUNTEL
 PRESIDENT, GOVERNING BODY
 KERN MEDICAL CENTER
 1830 FLOWER STREET
 BAKERSFIELD, CALIFORNIA 93305

HEALTH SERVICE AREA 13

ORANGE COUNTY HEALTH PLANNING COUNCIL
 202 FASHION LANE, SUITE 219
 Tustin, CALIFORNIA 92680
 (714) 832-1841
 STANLEY J. MATEK, EXEC. DIRECTOR
 NON-PROFIT CORPORATION
 CONGRESSIONAL DISTRICTS 38-40

FRANCIS MACKAY, MD
 PRESIDENT, GOVERNING BODY
 101 EAST VALENCIA MESA DRIVE
 FULLERTON, CALIFORNIA 92634

HEALTH SERVICE AREA 14

VENTURA-SANTA BARBARA
 HEALTH SYSTEMS AGENCY
 3212 LOMA VISTA ROAD, SUITE 210
 P.O. BOX 3966
 VENTURA, CALIFORNIA 93006
 (805) 648-7939
 ROGER HEROUX, EXEC. DIRECTOR
 NON-PROFIT CORPORATION
 CONGRESSIONAL DISTRICT 19

HEALTH SERVICE AREA 10

VENTURA-SANTA BARBARA
 HEALTH SYSTEMS AGENCY
 3212 LOMA VISTA ROAD, SUITE 210
 P.O. BOX 3966
 VENTURA, CALIFORNIA 93006
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 ROGER HEROUX, EXEC. DIRECTOR
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 CONGRESSIONAL DISTRICT 19

NATHANIAL GLICKMAN
 PRESIDENT, GOVERNING BODY
 365 SHERWOOD COURT
 THOUSAND OAKS, CALIFORNIA 91361

REV. LESLIE J. ATKINSON
 CHAIRPERSON, GOVERNING BODY
 OFFICE OF RELIGIOUS AFFAIRS, UCSD
 LA JOLLA, CALIFORNIA 92093

CALIFORNIA

HEALTH SERVICE AREA 12

INLAND COUNTIES HEALTH SYSTEMS AGENCY
 1860 CHICAGO AVENUE, SUITE 1-3
 P.O. BOX 5950
 RIVERSIDE, CALIFORNIA 92517
 (714) 825-7510
 ERIC BEACHAM, EXEC. DIRECTOR
 NON-PROFIT CORPORATION
 CONGRESSIONAL DISTRICTS 14, 18, 36, 37, 43

KAY MASON
 PRESIDENT, GOVERNING BODY
 1217 EAST HIGHLAND AVENUE
 REDLANDS, CALIFORNIA 92373

CONNECTICUT

SE COLORADO HLT SYSTEMS AGENCY, INC.
 130 EAST KIOWA
 COLORADO SPRINGS, COLORADO 80903
 (303) 475-9395
 NANCY J. SANFORD, EXEC. DIRECTOR
 NON-PROFIT CORPORATION
 CONGRESSIONAL DISTRICTS 3, 5

MICHAEL BLOOM
 CHAIRMAN, GOVERNING BODY
 20607 ROAD, DDS
 ROCKY FORD, COLORADO 81067

HEALTH SERVICE AREA 2

HEALTH SYSTEMS AGENCY
 OF SOUTH CENTRAL CONNECTICUT, INC.
 131 BRADLEY ROAD
 WOODBRIDGE, CONNECTICUT 06525
 (203) 397-5400
 HORVIA NELSON, EXEC. DIRECTOR
 NON-PROFIT CORPORATION
 CONGRESSIONAL DISTRICTS 3, 5

PATRICIA H. PARKERTON
 PRESIDENT, GOVERNING BODY
 71 COVENTRY CIRCLE
 NORTH HAVEN, CONNECTICUT 06473

HEALTH SERVICE AREA 3

HEALTH SYSTEMS AGENCY
 OF EASTERN CONNECTICUT, INC.
 12 CASE STREET, SUITE 312
 NORWICH, CONNECTICUT 06360
 (203) 886-1996
 HORQUITA TADIANO, EXEC. DIRECTOR
 NON-PROFIT CORPORATION
 CONGRESSIONAL DISTRICT 2

MERCEDES PRIMER
 PRESIDENT, GOVERNING BODY
 12 CASE ST., SUITE 312
 NORWICH, CONNECTICUT 06360

CONNECTICUT

HEALTH SERVICE AREA 4

HEALTH SYSTEMS AGENCY
NORTH CENTRAL CONNECTICUT
999 ASYLUM AVENUE
HARTFORD, CONNECTICUT 06105
(203) 249-1581
RALPH S. FOLLOCK, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 1, 2, 6

STEPHEN OWENS

PRESIDENT, GOVERNING BODY
1112 FARMINGTON AVENUE
WEST HARTFORD, CONNECTICUT 06107

HEALTH SERVICE AREA 5

NORTHWEST CONNECTICUT
HEALTH SYSTEMS AGENCY
20 EAST MAIN STREET, ROOM 324
WATERBURY, CONNECTICUT 06702
(203) 757-9601
CHRISTINA A. FISHBEIN, EXEC. DIRECTOR
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CONGRESSIONAL DISTRICTS 5, 6

THEODORE H. J. VELING
PRESIDENT, GOVERNING BODY
20 EAST MAIN STREET, ROOM 324
WATERBURY, CONNECTICUT 06702

DELAWARE

HEALTH SERVICE AREA 1

DELAWARE HEALTH COUNCIL, INC.
1925 LOVERING AVENUE
WILMINGTON, DELAWARE 19806
(302) 654-8991
GARY W. FERGUSON, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS AT LARGE

ARNOLD L. LIPPERT, PHD

PRESIDENT, GOVERNING BODY

BOX 120, RD2

HOCKESSIN, DELAWARE 19707

GEORGIA

HEALTH SERVICE AREA 2

APPALACHIAN GEORGIA HEALTH SYSTEMS AGCY
P. O. BOX 829
CARTERSVILLE, GEORGIA 30120
(404) 386-2431
CHARLES P. HEJUNKIN, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 6, 7, 9

R. FLEMING WEAVER

PRESIDENT, GOVERNING BODY
P.O. BOX 2357
GAINESVILLE, GEORGIA 30503

HEALTH SERVICE AREA 3

NORTH CENTRAL GEORGIA
HEALTH SYSTEMS AGENCY, INC.
KENNESAW LIFE BLDG., SUITE 602
1447 PEACHTREE STREET, NE
ATLANTA, GEORGIA 30309
(404) 898-8600
ROBERT A. YOUNGERMAN, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 3-7, 9, 10

DELUTHA H. KING, JR., MD
PRESIDENT, GOVERNING BODY
SUITE 207
2600 MARTIN LUTHER KING JR DRIVE
ATLANTA, GEORGIA 30311

EAST CENTRAL GEORGIA
HEALTH SYSTEMS AGENCY, INC.
GEORGIA RAILROAD BANK BUILDING
699 BROAD STREET, SUITE 1114
AUGUSTA, GEORGIA 30901
(404) 724-9927
WILLIAM T. MCKEETRICK, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICT 1, 9, 10 (GA)

3 (SC)

GEORGIA

HEALTH SERVICE AREA 5

HEALTH SYSTEMS AGENCY
OF CENTRAL GEORGIA, INC.
P. O. BOX 2305
WALTER ROBINS, GEORGIA 31099
(912) 922-2215
MARVIN HOLMES, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICT 1-3, 6, 8, 10 (GA)

DAH DOLEMAN, JR.
PRESIDENT, GOVERNING BODY
44CC UTICA CIRCLE
COLUMBUS, GEORGIA 30503

ILLINOIS

HEALTH SERVICE AREA 1
COMPREHENSIVE HEALTH PLANNING
OF NORTHEAST ILLINOIS, INC.
206 WEST STATE STREET, SUITE 1008
ROCKFORD, ILLINOIS 61101
(815) 968-0720
JOEL B. COHEN, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 15, 16, 19

JANIS PRIDE
PRESIDENT, GOVERNING BODY
1307 WEST LINCOLN HIGH, APT. 6112
DEKALB, ILLINOIS 60115

HEALTH SERVICE AREA 4

ILLINOIS CENTRAL HEALTH SYSTEMS AGENCY
5497 NORTH UNIVERSITY
PEORIA, ILLINOIS 61614
(309) 692-7666
LAURENCE HENELL, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 15, 18, 19

L. S. DOYLE
PRESIDENT, GOVERNING BODY
3315 NORTH SEMINARY STREET
GALESBURG, ILLINOIS 61401

HEALTH SERVICE AREA 2

ILLINOIS CENTRAL HEALTH SYSTEMS AGENCY
5497 NORTH UNIVERSITY
PEORIA, ILLINOIS 61614
(309) 692-7666
LAURENCE HENELL, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 15, 18, 19

EUGENE SPEER
PRESIDENT, GOVERNING BODY
2460 WRIGHTSBORO ROAD
AUGUSTA, GEORGIA 30910

ILLINOIS

HEALTH SERVICE AREA 3

WEST CENTRAL ILLINOIS
HEALTH SYSTEMS AGENCY, INC.
1 WEST OLD STATE CAPITOL PLAZA
SUITE 412
SPRINGFIELD, ILLINOIS 62701
(217)544-3412
PETER BRINCKERHOFF, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 18-22

THOMAS A. MACKEY, MD
PRESIDENT, GOVERNING BODY
WINCHESTER FAMILY PRACTICE CLINIC
WINCHESTER, ILLINOIS 62694

HEALTH SERVICE AREA 4

EAST CENTRAL ILLINOIS HLTH SYS AGENCY
502 EAST JOHN STREET, SUITE 1707
CHAMPAIGN, ILLINOIS 61820
(217)333-3987
ALLAN UAHN, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 15,17,21,22

JUDY LIEBMAN
CHAIRMAN, GOVERNING BODY
234 MECHANICAL ENGINEERING BUILDING
URBANA, ILLINOIS 61801

HEALTH SERVICE AREA 5

COMPREHENSIVE HEALTH PLANNING
IN SOUTHERN ILLINOIS, INC.
623 EAST COLLEGE STREET
P.O. BOX 3628
CARBONDALE, ILLINOIS 62901
(618)549-2161
MARTIN ANDERSON, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 22,24

FLOYD CURNINGHAM
PRESIDENT, GOVERNING BODY
FRANKLIN WILLIAMSON COUNTY
P.O. BOX 401
HERRIN, ILLINOIS 62948

ILLINOIS

HEALTH SERVICE AREA 6

COMMISSION FOR HEALTH PLANNING AND
RESOURCES DEVELOPMENT
205 WEST RANDOLPH STREET, SUITE 800
CHICAGO, ILLINOIS 60606
(312)346-6820
PHILIP R. DAVIS, EXEC. DIRECTOR
LOCAL GOVERNMENT
CONGRESSIONAL DISTRICTS 1,2,5,7-9,11

RUTH ROTHSTEIN
CHAIRPERSON, GOVERNING BODY
15TH & CALIFORNIA STREETS
CHICAGO, ILLINOIS 60608

HEALTH SERVICE AREA 7

SUBURBAN COOK/DUPAGE
HEALTH SYSTEMS AGENCY, INC.
1010 LAKE STREET
OAK PARK, ILLINOIS 60301
(312)524-9730
RICHARD SENELL, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 14,17

DONALD E. CHAPMAN
PRESIDENT, GOVERNING BODY
5340 WEST 102ND STREET
OAK LAKE, ILLINOIS 60453

HEALTH SERVICE AREA 10

IOWA-ILLINOIS HEALTH ALLIANCE
2806 EASTERN AVENUE, COTTAGE 67
DAVENPORT, IOWA 52803
(319)322-1847
KEVIN C. KINGFIELD, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICT 19 (IL), 1 (IA)

HEALTH SERVICE AREA 11

DARRELL E. SLEDGISTER
PRESIDENT, GOVERNING BODY
1735 PICADILLY PLACE
DAVENPORT, IOWA 52807
IOWA

HEALTH SERVICE AREA 1
(SEE ILLINOIS AREA 10)

ILLINOIS

HEALTH SERVICE AREA 9

REGION 9 HEALTH SYSTEMS AGENCY, INC.
1 EAST DORIS AVE. ROOM 204
JOLIET, ILLINOIS 60433
(815)726-2232
VINCENT SWEARINGEN, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 15,17

RICHARD DUNN
CHAIRMAN, GOVERNING BODY
941 NORTH RIVER DRIVE, APT. 306
KAN KA KEE, ILLINOIS 60901

HEALTH SERVICE AREA 1

IOWA-ILLINOIS HEALTH ALLIANCE
700 FLEMING BUILDING
218 SIXTH AVENUE
DES MOINES, IOWA 50309
(515)244-1211
PAUL PIETZSCH, EXECUTIVE DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 1,2 (IA)

CHARLES JOHNSON
CHAIRMAN, GOVERNING BODY
1206 MULBERRY
DES MOINES, IOWA 50309

HEALTH SERVICE AREA 3 - INTERSTATE

KANSAS

HEALTH SERVICE AREA 2
H.A. OF NORTHEAST KANSAS, INC.
BICHANAN CENTER, SUITE 101
1175 S.W. BUCHANAN
TUPEKA, KANSAS 66604
(913)235-3385
GUILLENRO BARRETO-BETA, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 1-5

R'DBERT STOCKING
PRESIDENT, GOVERNING BODY
P.O. BOX 209
WICHITA, KANSAS 66056

HEALTH SERVICE AREA 3

NSA OF SOUTHEAST KANSAS, INC.
335 NORN WACO, SUITE 209
WICHITA, KANSAS 67202
(16264-2861)
HARRY STEINMEYER, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 1,4,5

BRUCE SNULIZ
PRESIDENT, GOVERNING BODY
ARLINGTON, KANSAS 67514

KENTUCKY

HEALTH SERVICE AREA 1

KENTUCKY HEALTH SYSTEMS AGCY WEST, INC.
7741 BISHOP LANE, SUITE 401
LOUISVILLE, KENTUCKY 40218
(021456-6460)
LARRY NEWBY, P.N.D. EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 1-6

MARY MULLINS
PRESIDENT, GOVERNING BODY
7741 BISHOP LANE, SUITE 401
LOUISVILLE, KENTUCKY 40218

MARYLAND

HEALTH SERVICE AREA 1

WESTERN MARYLAND HEALTH SYSTEMS AGENCY
ALGOQUIN - SUITE 301
BALTIMORE & GREENE STREETS
CUMBERLAND, MARYLAND 21502
(301)724-1616
JAMES R. STANTON, EXEC. DIRECTOR
REGIONAL PLANNING BODY
CONGRESSIONAL DISTRICT 6

MARY G. WILLIAMS
CHAIRMAN, GOVERNING BODY
ALGOQUIN-SUITE 301
BALTIMORE & GREENE STREETS
CUMBERLAND, MARYLAND 21502

HEALTH SERVICE AREA 2

DEPARTMENT OF HEALTH SYSTEMS PLANNING
MONTGOMERY COUNTY GOVERNMENT
50 MULROY ST., 11TH FLOOR
ROCKVILLE, MARYLAND 20850
(301)279-8366
NAY C. HONG, ACT. EXEC. DIRECTOR
LOCAL GOVERNMENT
CONGRESSIONAL DISTRICTS 5,6,8

SARA HARRIS
CHAIRMAN, GOVERNING BODY
19329 FRENCHTON PLACE
GAITHERSBURG, MARYLAND 20760

HEALTH SERVICE AREA 3

SOUTHERN MARYLAND HEALTH SYSTEMS AGCY
P.O. BOX 85
CLINTON, MARYLAND 20735
(301)368-6206
ROBERT W. SHERWOOD, JR., EXEC. DIRECTOR
REGIONAL PLANNING BODY
CONGRESSIONAL DISTRICTS 1,4,5

F. WILLIAM HARRISON
CHAIRMAN, GOVERNING BODY
4705 QUEBEC STREET
COLLEGE PARK, MARYLAND 20740

MARYLAND

HEALTH SERVICE AREA 4

CENTRAL MARYLAND HEALTH SYSTEMS AGENCY
501 ST. PAUL PLACE
BALTIMORE, MARYLAND 21202
(301)752-3500
MARSHALL SPURLOCK, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 1-4,6,7

VIVIAN C. BAILEY

CHAIRMAN, GOVERNING BODY
501 ST. PAUL PLACE
BALTIMORE, MARYLAND 21202

HEALTH SERVICE AREA 5

HEALTH PLANNING COUNCIL
OF THE EASTERN SHORE, INC.
P.O. BOX 776
CAMBRIDGE, MARYLAND 21613
(301)228-8911
FRED DIERKS, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 1

KENNARO MERRAY
PRESIDENT, GOVERNING BODY
P.O. BOX 776
CAMBRIDGE, MARYLAND 21613

MASSACHUSETTS

HEALTH SERVICE AREA 1

WESTERN MASSACHUSETTS
HEALTH PLANNING COUNCIL
59 INTERSTATE DRIVE
WEST SPRINGFIELD, MASSACHUSETTS 01089
(413)781-2845
HERBERT J. HOOPEN, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 1,2

ALEXINE L. JANISZEWSKI, RN
CHAIRPERSON, GOVERNING BODY
48 DEERFOOT DRIVE
EAST LONGMEADOW, MASSACHUSETTS 01028

MASSACHUSETTS

HEALTH SERVICE AREA 2

CENTRAL MASSACHUSETTS
HEALTH SYSTEMS AGENCY
11 GRANDE OFFICE BUILDING
415 BOSTON TURPIKE
SHREWSBURY, MASSACHUSETTS 01545
(617)845-1066
ROBERT W. HIGGINS, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 2,3

SAMUEL HIBBARD
CHAIRPERSON, GOVERNING BODY
115 BOSTON TURPIKE
SHREWSBURY, MASSACHUSETTS 01545

HEALTH SERVICE AREA 3

WERRIMACK VALLEY
HEALTH PLANNING COUNCIL, INC.
191 PARKER STREET
LAWRENCE, MASSACHUSETTS 01843
(617)686-1621
LIONEL A. PERREGAUX, JR., EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 5,6

RAYMOND CANNON, JR.
CHAIRPERSON, GOVERNING BODY
30 FLORENCE ROAD
LOWELL, MASSACHUSETTS 01851

MASSACHUSETTS

HEALTH SERVICE AREA 5

SOUTHEASTERN MASSACHUSETTS
HLTH. PLANNING & DEVELOPMENT, INC.
49 NORTH MAIN STREET
P.O. BOX 70
MIDDLEBORO, MASSACHUSETTS 02346
(617)947-6300
JOHN HAY, ACT. EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICT 3-12

HENRY ASHWORTH
PRESIDENT, GOVERNING BODY
P.O. BOX 641
FALL RIVER, MASSACHUSETTS 02720

HEALTH SERVICE AREA 6

NORTH SHORE HEALTH PLANNING COUNCIL
29 LOWELL STREET
PEABODY, MASSACHUSETTS 01960
(617)531-7006
EDWARD MARAKOVITZ, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 6,8

MILDRED SCHWEIGER
PRESIDENT, GOVERNING BODY
29 LOWELL STREET
PEABODY, MASSACHUSETTS 01960

MASSACHUSETTS

HEALTH SERVICE AREA 2

MICHIGAN
MICHIGAN MID-SOUTH
HEALTH SYSTEMS AGENCY, INC.
528 MASON PLAZA
MASON, MICHIGAN 48854
(517)676-4046
GORDON SMITH, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 3-6

PAUL MCNAMARA
PRESIDENT, GOVERNING BODY
CLINTON MEMORIAL HOSPITAL
ST. JOHN, MICHIGAN 48879

HEALTH SERVICE AREA 3

SOUTHWEST MICHIGAN
HEALTH SYSTEMS AGENCY, INC.
6126 LDVERS LANE
KALAMAZOO, MICHIGAN 49002
(616)323-3410
ROBERT AZAR, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 3-5

CHARLES SEIFERT, MD
PRESIDENT, GOVERNING BODY
1018 NORTH AVENUE
BATTLE CREEK, MICHIGAN 49017

MICHIGAN

HEALTH SERVICE AREA 2

MICHIGAN
MICHIGAN MID-SOUTH
HEALTH SYSTEMS AGENCY, INC.
528 MASON PLAZA
MASON, MICHIGAN 48854
(517)676-4046
GORDON SMITH, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 3-6

PAUL MCNAMARA
PRESIDENT, GOVERNING BODY
CLINTON MEMORIAL HOSPITAL
ST. JOHN, MICHIGAN 48879

HEALTH SERVICE AREA 3

SOUTHWEST MICHIGAN
HEALTH SYSTEMS AGENCY, INC.
6126 LDVERS LANE
KALAMAZOO, MICHIGAN 49002
(616)323-3410
ROBERT AZAR, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 3-5

CHARLES SEIFERT, MD
PRESIDENT, GOVERNING BODY
1018 NORTH AVENUE
BATTLE CREEK, MICHIGAN 49017

MICHIGAN

HEALTH SERVICE AREA 4

COMPREHENSIVE HEALTH PLANNING COUNCIL
OF SOUTHEAST MICHIGAN
1200 BOOK BUILDING
DETROIT, MICHIGAN 48226
(313)264-6250
TERENCE CARROLL, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 4,7-12

KEVIN ANDERSON
PRESIDENT, GOVERNING BODY
3044 WEST GRAND, ROOM 3225
DETROIT, MICHIGAN 48202

HEALTH SERVICE AREA 4

WEST MICHIGAN HEALTH SYSTEMS AGENCY
600 MONROE CENTER
300 PEOPLE'S BUILDING
GRAND RAPIDS, MICHIGAN 49503
(616)459-1323
PHILIP VAN HEEST, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 3,5,9,10

DONALD BIRNTHILE
PRESIDENT, GOVERNING BODY
NORTH LAKE SHORE DRIVE
LUDINGTON, MICHIGAN 49431

MICHIGAN

HEALTH SERVICE AREA 5

GENESEE, LAPEER & SHIAWASSEE
HEALTH SYSTEMS AGENCY
WALTER REUTHER BUILDING, ROOM 325
708 ROOT STREET
FLINT, MICHIGAN 48503
(313)238-0650
RONALD LIVINGSTON, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 7,8,10

WILLIAM HATHCO
PRESIDENT, GOVERNING BODY
3501 DONCASTER COURT, N, APT. U-11
SAGINAW, MICHIGAN 48603

HEALTH SERVICE AREA 6

EAST CENTRAL MICHIGAN HSA
1213 SOUTH WASHINGTON
SAGINAW, MICHIGAN 48601
EDWIN HURYSZ, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 7,8,10-12

WILLIAM HATHCO
PRESIDENT, GOVERNING BODY
3501 DONCASTER COURT, N, APT. U-11
SAGINAW, MICHIGAN 48603

HEALTH SERVICE AREA 7

NORTHERN MICHIGAN HEALTH SYSTEM AGENCY
325 EAST LAKE STREET, HOLLYWOOD BLDG
PETOSKEY, MICHIGAN 49770
(616)347-7772
VICTOR SZTENGEL, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 9-11

M. BARRETT VORCE
PRESIDENT, GOVERNING BODY
248 RED APPLE ROAD
MANISTEE, MICHIGAN 49660

MICHIGAN

HEALTH SERVICE AREA 8

UPPER PENINSULA HEALTH SYSTEMS AGENCY
1500 WEST WASHINGTON STREET
MARQUETTE, MICHIGAN 49855
(906)228-7733
CHARLES LENKE, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICT 11

PAUL E. OAKE
CHAIRMAN, GOVERNING BODY
SOUTH NEWBERRY
NEWBERRY, MICHIGAN 49868

MINNESOTA

HEALTH SERVICE AREA 1 - INTERSTATE
(SEE NORTH DAKOTA AREA 2)

HEALTH SERVICE AREA 2

HSA OF WESTERN LAKE SUPERIOR, INC.
202 OREGON BUILDING
424 WEST SUPERIOR STREET
OULUTH, MINNESOTA 55802
(218)727-8371
FELIX SEREICKAS, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 3,5,6,8 (MN)

HEALTH SERVICE AREA 6

JOSEPH LEEK, MO
PRESIDENT, GOVERNING BODY
C/O OULUTH CLINIC
400 EAST THIRD COURT
OULUTH, MINNESOTA 55805
(612)227-8371

HEALTH SERVICE AREA 3 - INTERSTATE
(SEE NORTH DAKOTA AREA 3)

MINNESOTA

HEALTH SERVICE AREA 4

CENTRAL MINNESOTA HEALTH SYSTEM AGENCY
113 DIVISION STREET
SAUK RAPIDS, MINNESOTA 56379
(612)253-2930
GERALD J. WANTULOK, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 6-8

HOLLIS HELGESEN
CHAIRMAN, GOVERNING BODY
520 N.E. 1ST STREET
SARTELL, MINNESOTA 56377

HEALTH SERVICE AREA 5

METROPOLITAN COUNCIL
300 METRO SQUARE BUILDING
7TH AND ROBERT STREET
ST. PAUL, MINNESOTA 55101
(612)291-6351
MALCOLM MITCHELL, EXEC. DIRECTOR
REGIONAL PLANNING BODY
CONGRESSIONAL DISTRICTS 1-6,8

CHARLES LEAVER
CHAIRPERSON, GOVERNING COUNCIL
5130 EMERSON, SOUTH
MINNEAPOLIS, MINNESOTA 55419
HEALTH SERVICE AREA 6

MINNESOTA HEALTH SYSTEMS AGENCY SIX
208 EAST THIRD
P.O. BOX 156
REDWOOD FALLS, MINNESOTA 56283
(507)537-3575
BJORN LARSEN, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 2,6,7

FATHER VIRGIL DUELLMAN
PRESIDENT, GOVERNING BODY
ST. MARY'S CHURCH
212 1ST STREET, N.E.
IAOELIA, MINNESOTA 56062

MISSISSIPPI

1 HEALTH SERVICE AREA 1

MISSISSIPPI HEALTH SYSTEMS AGENCY, INC.
WATKINS BUILDING, SUITE 400
510 GEORGE STREET
JACKSON, MISSISSIPPI 39201
(601)948-8905
PHILIP W. LAIRD, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 1-5

HOWARD CLARK, MD
PRESIDENT, GOVERNING BODY
221 2ND STREET
MARTIN, MISSISSIPPI 39117

NEVADA

1 HEALTH SERVICE AREA 2

CLARK COUNTY HEALTH COALITION
HEALTH SYSTEMS AGENCY
2225 EAST FLANNINGO, SUITE 303
LAS VEGAS, NEVADA 89109
(702)735-2931
LAWRENCE RATHHEIS, EXEC. DIRECTOR

CHARLES PERRY, JR.
CHAIRMAN, GOVERNING BODY
2225 EAST FLANNINGO, SUITE 303
LAS VEGAS, NEVADA 89109

NEW JERSEY

1 HEALTH SERVICE AREA 2

REGIONAL HEALTH PLANNING COUNCIL
EIGHT PARK PLACE
NEWARK, NEW JERSEY 07102
(201)222-3280
MARTIN PARKER, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 5,11-13,15

DENNIS CHEROT
PRESIDENT, GOVERNING BODY
EIGHT PARK PLACE
NEWARK, NEW JERSEY 07102

1 HEALTH SERVICE AREA 3

HUDSON HEALTH SYSTEMS AGENCY
871 BERGEN AVENUE
JERSEY CITY, NEW JERSEY 07306
(201)451-5024
JESSE HUANG, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 9,10,14

HARRY ZONDLER
CHAIRMAN, GOVERNING BODY
PRUDENTIAL INSURANCE CO. OF AMERICA
111 DURHAM AVENUE
SOUTH PLAINFIELD, NEW JERSEY 07080

1 HEALTH SERVICE AREA 4

CENTRAL JERSEY HEALTH PLNG COUNCIL, I
CH 5259, ROUTE 1, SOUTH
PRINCETON, NEW JERSEY 08540
(609)452-2320
EDWARD J. PELOQUIN, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 2-6,13,15

ALBERT C. WAGNER
PRESIDENT, GOVERNING BODY
20 CLEMENT AVENUE
TRENTON, NEW JERSEY 08638

1 HEALTH SERVICE AREA 1

BERGEN-PASSAIC HEALTH SYSTEMS AGENCY
TWO UNIVERSITY PLAZA
HACKENSACK, NEW JERSEY 07601
(201)646-9090
MARVIN H. BURTON, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 7-9,11

JOHN E. CLARK
CHAIRPERSON, GOVERNING BODY
TWO UNIVERSITY PLAZA
HACKENSACK, NEW JERSEY 07601

1 HEALTH SERVICE AREA 1

GREATER NEVADA HEALTH SYSTEMS AGENCY
410 MILL STREET, SUITE 209
P. O. BOX 11795
RENO, NEVADA 89509-1795
(702)784-6190
MILTON GANN, EXEC. DIRECTOR
NON-PROFIT CORPORATION

RICHARD J. ALLEN
PRESIDENT, GOVERNING BODY
P.O. BOX 11795
RENO, NEVADA 89510

NEW JERSEY

NEW YORK

HEALTH SERVICE AREA 5

SOUTHERN NEW JERSEY HLTH SYSTEMS AGENCY
SUITE 101, KOR-CENTER WEST
INTERSTATE INDUSTRIAL PARK, PO BOX 636
BELLINGHAM, NEW JERSEY 08031
(609)233-0661
DANIEL APOSPLAU, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 1,2,4,6

RALPH DEAN
PRESIDENT, GOVERNING BODY
P.O. BOX 636
BELLINGHAM, NEW JERSEY 08031

NEW MEXICO

HEALTH SERVICE AREA 1

NEW MEXICO HEALTH SYSTEMS AGENCY
117 RICHMOND, N.E.
ALBUQUERQUE, NEW MEXICO 87106
(505)265-6769
RICHARD ERUSUELAS, EXEC. DIRECTOR
REGIONAL PLANNING BODY
CONGRESSIONAL DISTRICTS 1,2

TEX RITTERDUSH
CHAIRMAN, GOVERNING BODY
9211 HAINES AVENUE, RE
ALBUQUERQUE, NEW MEXICO 87112

HEALTH SERVICE AREA 2 - INTERSTATE

(SEE ARIZONA AREA 4)

NEW YORK

HEALTH SERVICE AREA 1

NSA OF WESTERN NEW YORK, INC.
ELLICOTT SQUARE BLDG, SUITE 405
BUFFALO, NEW YORK 14203
(716)854-4312

BRIAN G. MCGRaDE, PH.D., RD
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 35-39

JERE WYSONG, PH.D., RD
CHAIRMAN, GOVERNING BODY
89 CENTRAL AVENUE
FREDONIA, NEW YORK 14063

HEALTH SERVICE AREA 2

NEW YORK

HEALTH SERVICE AREA 5

FINGERLAKES HEALTH SYSTEMS AGENCY
145 COLLEGE AVENUE
ROCHESTER, NEW YORK 14607
(716)461-3930
CLAIRE LOWTHSKI, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 27, 33-36, 39

THOMAS SCADAMORE

CHAIRMAN, GOVERNING BODY

LAWRENCE BOCES

STANLEY, NEW YORK 14561

HEALTH SERVICE AREA 3

CENTRAL NEW YORK HLTH SYSTEMS AGENCY

840 JAMES ST.
SYRACUSE, NEW YORK 13203
(315)478-0984
JOHN GAZZA, ED.D., EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 27, 29, 30, 32, 33

JOHN C. KIECHEL

PRESIDENT, GOVERNING BODY

840 JAMES STREET

SYRACUSE, NEW YORK 13203

HEALTH SERVICE AREA 4

NY-PENN HEALTH SYSTEMS AGENCY

306 PRESS BUILDING
19 CHENANGO STREET
BINGHAMTON, NEW YORK 13901
(607)722-3445
DEBIE MURRAY, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 27, 32 (NY)
10, 11 (PA)

ROBERT WESTKAEMPER

PRESIDENT, GOVERNING BODY
19 SUNNYSIDE DRIVE
OSUEGO, NEW YORK 13327

HEALTH SERVICE AREA 7

NEW YORK

HEALTH SERVICE AREA 1

MARIE WALSH

CHAIRMAN, GOVERNING BODY

817 BROADWAY

NEW YORK 10003

ROBERT OSBORNE
PRESIDENT, GOVERNING BODY
75 NEW SCOTLAND AVE.
ALBANY, NEW YORK 12208
(518)445-0511
BRUCE STAHLEY, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 27-32

HEALTH SERVICE AREA 6

HUDSON VALLEY HEALTH SYSTEMS AGENCY
STERLING LAKE ROAD
P.O. BOX 696
TUXEDO, NEW YORK 10987
(914)351-5146
REGINA KELLY, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 23-27

BERNARD HANDEL

PRESIDENT, GOVERNING BODY

53 ACADEMY ST.

P.O. BOX 709

POUGHKEEPSIE, NEW YORK 12601

NEW YORK
HEALTH SERVICE AREA 8
 NASSAU-SUFFOLK HEALTH SYSTEMS AGENCY
 1537 OLD COUNTRY ROAD
 PLAINVIEW, NEW YORK 11803
 (516)752-1700
 DANIEL T. MCGOWAN, EXEC. DIRECTOR
 NON-PROFIT CORPORATION
 CONGRESSIONAL DISTRICTS 1-7

HOWARD SCHIMKE, DPM
 PRESIDENT, GOVERNING BODY
 380 OCEAN AVENUE
 MASSAPEQUA, NEW YORK 11758

NORTH CAROLINA**HEALTH SERVICE AREA 3**

SOUTHERN PIEDMONT
 HEALTH SYSTEMS AGENCY
 ONE CHARLOTTE-TOIN CENTER
 1300 BAXTER STREET, SUITE 425
 P.O. BOX 3558
 CHARLOTTE, NORTH CAROLINA 28235
 (704)372-8494
 EUGENE GOELLER, EXEC. DIRECTOR
 NON-PROFIT CORPORATION
 CONGRESSIONAL DISTRICTS 8-10

HARRY STIFFORD
 CHAIRMAN, GOVERNING BODY
 301 LEGION STREET
 P.O. BOX 357
 GRANITE QUARRY, NORTH CAROLINA 28072

HEALTH SERVICE AREA 1

WESTERN NORTH CAROLINA
 HEALTH SYSTEMS AGENCY
 1 NORTH SQUARE
 MORGANTOWN, NORTH CAROLINA 28655
 (704)433-1636
 CHARLES F. MOELLER, EXEC. DIRECTOR
 NON-PROFIT CORPORATION
 CONGRESSIONAL DISTRICTS 5,10,11

BARRY ELLEDGE, PHD
 PRESIDENT, GOVERNING BODY
 P.O. BOX 204
 BOONE, NORTH CAROLINA 28607

HEALTH SERVICE AREA 2

PIEDMONT HEALTH SYSTEMS AGENCY, INC.
 2120 PINECROFT ROAD
 GREENSBORO, NORTH CAROLINA 27407
 (919)294-5831
 GLORIA HAYNES, EXEC. DIRECTOR
 NON-PROFIT CORPORATION
 CONGRESSIONAL DISTRICTS 2,4-6,8

CALVIN MICHAELS
 CHAIRMAN, GOVERNING BODY
 1504 FOREST VALLEY ROAD
 GREENSBORO, NORTH CAROLINA 27410

NORTH CAROLINA**HEALTH SERVICE AREA 6**

EASTERN CAROLINA HEALTH SYSTEMS AGENCY
 SUITE 405, MINGES BUILDING
 301 SOUTH EVANS STREET
 Kinston, NORTH CAROLINA 27834
 (919)758-1372
 ROY SELBY, EXEC. DIRECTOR
 NON-PROFIT CORPORATION
 CONGRESSIONAL DISTRICTS 1-3

JOHN MCCAIN, MD
 CHAIRMAN, GOVERNING BODY
 1704 SOUTH TARBARO STREET
 WILSON, NORTH CAROLINA 27893

HEALTH SERVICE AREA 2

AGASSIZ HEALTH SYSTEMS AGENCY
 31 SOUTH 3RD, BOX 129
 GRAND FORKS, NORTH DAKOTA 58201
 (701)746-0441
 TIMOTHY LANGEIERS, EXEC. DIRECTOR
 NON-PROFIT CORPORATION
 CONGRESSIONAL DISTRICT 1 (ND), 7 (MN)

JOHN VENNES, PHD
 CHAIRMAN, GOVERNING BODY
 UNIV. OF N. DAKOTA MEDICAL SCHOOL
 GRAND FORKS, NORTH DAKOTA 58202

HEALTH SERVICE AREA 3

MIN-DAK HEALTH SYSTEMS AGENCY, INC.
 1117 13TH AVENUE, NORTH
 FARGO, NORTH DAKOTA 58102
 (701)280-0002
 BARBARA CAPERS, EXEC. DIRECTOR
 NON-PROFIT CORPORATION
 CONGRESSIONAL DISTRICTS 1 (ND), 7 (MN)

LAURENCE IVERSON
 CHAIRMAN, GOVERNING BODY
 BOX 381
 FERGUS FALLS, NORTH DAKOTA 56537

OKLAHOMA

HEALTH SERVICE AREA 1

OKLAHOMA HEALTH SYSTEMS AGENCY
4500 LINCOLN BLVD.
OKLAHOMA CITY, OKLAHOMA 73105
(405) 24-5591
HOWARD H. VINCENT, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 1-6

JOHN COFFEY
CHAIRMAN, GOVERNING BODY
3401 WEST GORE BOULEVARD
LAWTON, OKLAHOMA 73501

OREGON

HEALTH SERVICE AREA 1

NORTHWEST OREGON HEALTH SYSTEMS AGENCY
5201 S.W. WESTGATE DRIVE
PORTLAND, OREGON 97221
(503) 297-2241
RICHARD A. RIX, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 1-3

DALE WEINBERG
ROUTE 5, BOX 181
HILLSBOROUGH, OREGON 97123

HEALTH SERVICE AREA 2

WESTERN OREGON HEALTH SYSTEMS AGENCY
99 WEST TENTH AVENUE, ROOM 337B
EUGENE, OREGON 97401
(503) 84-9311
ROBERT CAULK, DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 1, 2, 4

MIKE MCCRAKEN
PRESIDENT, GOVERNING BODY
P.O. BOX 100
ALBANY, OREGON 97321

OREGON

HEALTH SERVICE AREA 3

EASTERN OREGON HEALTH SYSTEMS AGENCY
P.O. BOX 520
REDMOND, OREGON 97756
(503) 548-5185
DEBBIE DUHNE, ACT. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICT 2

LAWRENCE ANTHONY
PRESIDENT, GOVERNING BODY
C/O MOUNTAIN VIEW HOSPITAL
1270 A STREET
MADRAS, OREGON 97741

PENNSYLVANIA

HEALTH SERVICE AREA 1

HEALTH SYSTEMS AGCY OF SOUTHEASTERN PA
1616 WALNUT STREET
PHILADELPHIA, PENNSYLVANIA 19103
(215) 546-1616
GERALD R. GILL, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 1-4, 13

WILLIAM T. SAMUELS
PRESIDENT, GOVERNING BODY
2030 NORTH 32ND STREET
PHILADELPHIA, PENNSYLVANIA 19121

HEALTH SERVICE AREA 2

HEALTH SYSTEMS COUNCIL
OF EASTERN PENNSYLVANIA, INC.
546 HAMILTON STREET, 4TH FLOOR
ALLEN TOWNSHIP, PENNSYLVANIA 18101
(215) 432-2575
PETER D. ARCHY, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 6, 10, 11, 15

WILLIAM MASON
CHAIRMAN, GOVERNING BODY
SCHOENERSVILLE ROAD
BETHLEHEM, PENNSYLVANIA 18017

PENNSYLVANIA

HEALTH SERVICE AREA 3

HEALTH SYSTEMS AGENCY
OF NORTHEASTERN PENNSYLVANIA, INC.
WARM BUILDING
AVODA, PENNSYLVANIA 18641
(717) 655-3703
GEORGE E. KAUFMANN III, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 6, 10, 11

ROBERT NOLAN, ESQ.
PRESIDENT, GOVERNING BODY
POST OFFICE & FEDERAL BUILDING
SCRANTON, PENNSYLVANIA 18501

HEALTH SERVICE AREA 4

HEALTH RESOURCES PLANNING
AND DEVELOPMENT, INC.
4751 LINNIE AVENUE, SUITE 142
HARRISBURG, PENNSYLVANIA 17111
(717) 651-3252
AMBROSE POTRZEBOWSKI, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 6, 9, 16, 17, 19

CAROL CRAWSHAW
CHAIRPERSON, GOVERNING BODY
221 NORTH 2ND STREET
HARRISBURG, PENNSYLVANIA 17101

HEALTH SERVICE AREA 5

CENTRAL PENNSYLVANIA
HEALTH SYSTEMS AGENCY, INC.
400 MARKET STREET, 3RD FLOOR
LEWISBURG, PENNSYLVANIA 17837
(717) 524-2266
WILLIAM R. LEPAGE, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 9, 11, 12, 17, 23

JANE GITLER
CHAIRMAN, GOVERNING BODY
480 CENTRAL ROAD
BLOOMISBURG, PENNSYLVANIA 17815

PENNSYLVANIA

HEALTH SERVICE AREA 6

HEALTH SYSTEMS AGENCY
OF SOUTHWESTERN PENNSYLVANIA, INC.
650 SMITHFIELD STREET, SUITE 620
PITTSBURGH, PENNSYLVANIA 15222
(412)562-1811
JOHN W. CLEM, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICT 12,14,18,20-22,25

WILLIAM J. COPELAND
CHAIRPERSON, GOVERNING BODY
PITTSBURGH NATIONAL BLDG., 2ND FLOOR
5TH & WOOD STREETS
PITTSBURGH, PENNSYLVANIA 15222

SOUTH CAROLINA

HEALTH SERVICE AREA 1

S. CAROLINA APPALACHIAN HLTH COUNCIL
211 CENTURY DRIVE, BUILDING D
P.O. BOX 6708
GREENVILLE, SOUTH CAROLINA 29606
(803)242-1895
JAMES F. KEASLER, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 3-5

FREDERICK G. PHILLIPS, MD
CHAIRMAN, GOVERNING BODY
157 CATAIBA STREET
SPARTANBURG, SOUTH CAROLINA 29303

SOUTH CAROLINA

HEALTH SERVICE AREA 4

PALMETTO-LOWCOUNTRY HSA, INC.
107 WEST 6TH NORTH STREET
SUMMERTILLE, SOUTH CAROLINA 29483
(803)871-0350
LYNN BEASLEY, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 1,2

D. WAYNE WHITSELL, MD
PRESIDENT, GOVERNING BODY
595 CAROLINA, N.E.
ORANGEBURG, SOUTH CAROLINA 29115

HEALTH SERVICE AREA 5 - INTERSTATE

(SEE GEORGIA AREA 4)

THREE RIVERS HLTH SYSTEMS AGENCY, INC.
3325 MEDICAL PARK ROAD
COLUMBIA, SOUTH CAROLINA 29203
(803)779-6790

DEHIS CALDIELL, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 2,3,5

ANNE MOYE, R.N.
CHAIRMAN, GOVERNING BODY
P.O. BOX 575
WEST COLUMBIA, SOUTH CAROLINA 29169

HEALTH SERVICE AREA 1
(SEE GEORGIA AREA 4)

SOUTH DAKOTA

SOUTH DAKOTA HLTH SYSTEMS AGENCY
200 WEST MAIN
VERMILLION, SOUTH DAKOTA 57069
(605)624-4446
WALTER H. SPRINGALL, JR., EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 1,2

LARRY POTTER
CHAIRMAN, GOVERNING BODY
1047 KINGSBURY
BELLE FOURCHE, SOUTH DAKOTA 57717

PEE DEE REG HLTH SYSTEMS AGENCY, INC.
910 WEST LUCAS STREET
P.O. BOX 5959
FLORENCE, SOUTH CAROLINA 29502 - 2959
(803)669-1347
GLEN C. LANE, ACT. EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 5,6

CLIFFORD MAYS, JR.
CHAIRMAN, GOVERNING BODY
410 WILDCOOD DRIVE
QUINBY, SOUTH CAROLINA 29501

TENNESSEE

HEALTH SERVICE AREA 1

ARCHA HEALTH SYSTEMS AGENCY
 P.O. BOX 600
 JOHNSON CITY, TENNESSEE 37601
 (615) 929-0193
 DAVID PARKER, ACT. EXEC. DIRECTOR
 NON-PROFIT CORPORATION
 CONGRESSIONAL DISTRICTS 1 (TN), 9 (VA)
 PATRICIA WERTH
 PRESIDENT, GOVERNING BODY
 ROUTE 1, BOX 252
 FREDERICKSBURG, VIRGINIA 24210

HEALTH SERVICE AREA 2

EAST TENNESSEE
 HEALTH IMPROVEMENT COUNCIL, INC.
 P.O. BOX 11348
 KNOXVILLE, TENNESSEE 37919
 (615) 690-8630
 CIRIS TILLER, ACT. DIRECTOR
 NON-PROFIT CORPORATION
 CONGRESSIONAL DISTRICTS 1-3
 MARIA COLLINS
 PRESIDENT, GOVERNING BODY
 1740 LINDA LANE
 MARYVILLE, TENNESSEE 37801

HEALTH SERVICE AREA 4

MIDDLE TENN HEALTH SYSTEM AGENCY, INC.
 2 INTERNATIONAL PLAZA DRIVE, SUITE 200
 NASHVILLE, TENNESSEE 37217
 (615) 361-1100
 ROBERT E. NORRIS, EXEC. DIRECTOR
 NON-PROFIT CORPORATION
 CONGRESSIONAL DISTRICTS 4-7
 CARLTON NORRIS
 PRESIDENT, GOVERNING BODY
 2 INTERNATIONAL PLAZA DRIVE, SUITE 200
 NASHVILLE, TENNESSEE 37217

UTAH

HEALTH SERVICE AREA 1

UTAH HEALTH SYSTEMS AGENCY
 UNIVERSITY CLUB BLDG.
 136 EAST SOUTH TEMPLE
 SALT LAKE CITY, UTAH 84111
 (801) 581-3476
 STEVE BONNEY, EXEC. DIRECTOR
 REGIONAL PLANNING BODY
 CONGRESSIONAL DISTRICTS 1, 2
 D. HOUSTON, MD
 CHAIRMAN, GOVERNING BODY
 UNIVERSITY CLUB BLDG.
 136 EAST SOUTH TEMPLE
 SALT LAKE CITY, UTAH 84111

HEALTH SERVICE AREA 2 - INTERSTATE

(SEE ARIZONA AREA 4)

VERMONT

HEALTH SERVICE AREA 1
 VERMONT HEALTH POLICY CORPORATION
 103 SOUTH MAIN STREET
 WATERBURY, VERMONT 05676
 (802) 241-2920
 PAUL LALACE-BRODEUR, EXEC. DIRECTOR
 NON-PROFIT CORPORATION
 CONGRESSIONAL DISTRICTS AT LARGE

JEAN L. MCKENNY

CHAIRMAN, GOVERNING BODY
 P.O. BOX 156
 DERBY, VERMONT 05829

HEALTH SERVICE AREA 3

SOUTHWEST VIRGINIA
 HEALTH SYSTEMS AGENCY, INC.
 602 SOUTH JEFFERSON ST., SUITE 601
 ROANOKE, VIRGINIA 24011
 (703) 982-2304
 FRANK H. MAYS, EXEC. DIRECTOR
 NON-PROFIT CORPORATION
 CONGRESSIONAL DISTRICTS 5, 6, 9

S. J. JOHNSON
 PRESIDENT, GOVERNING BODY
 200 ACADEMY DRIVE
 GALAX, VIRGINIA 24060

VIRGINIA

HEALTH SERVICE AREA 1

NORTHWESTERN VIRGINIA
 HEALTH SYSTEMS AGENCY, INC.
 BLUE RIDGE HOSPITAL
 CHARLOTTESVILLE, VIRGINIA 22901
 (804) 977-6010
 THOMAS R. DERNIER, EXEC. DIRECTOR
 NON-PROFIT CORPORATION
 CONGRESSIONAL DISTRICTS 1, 6, 7, 8
 EDA KENDALL
 PRESIDENT, GOVERNING BODY
 6421 PLAIN ROAD
 FREDERICKSBURG, VIRGINIA 22401

HEALTH SERVICE AREA 2

HEALTH SYSTEMS AGENCY
 FOR NORTHERN VIRGINIA, INC.
 7245 ARLINGTON BLVD., SUITE 300
 FALLS CHURCH, VIRGINIA 22042
 (703) 573-3100
 DEAN MONTGOMERY, EXEC. DIRECTOR
 NON-PROFIT CORPORATION
 CONGRESSIONAL DISTRICTS 8, 10
 MARK MELCHER
 CHAIRPERSON, GOVERNING BODY
 7245 ARLINGTON BLVD., SUITE 300
 FALLS CHURCH, VIRGINIA 22042

HEALTH SERVICE AREA 3

DEAN MONTGOMERY, EXEC. DIRECTOR
 NON-PROFIT CORPORATION
 CONGRESSIONAL DISTRICTS 8, 10
 MARK MELCHER
 CHAIRPERSON, GOVERNING BODY
 7245 ARLINGTON BLVD., SUITE 300
 FALLS CHURCH, VIRGINIA 22042

VIRGINIA

HEALTH SERVICE AREA 4

CENTRAL VIRGINIA HEALTH SYSTEMS AGENCY
BLUE CROSS/BLUE SHIELD BUILDING
2615 STAPLES MILL ROAD, ROOM 419
RICHMOND, VIRGINIA 23230
(804)355-5723
MICHAEL R. OSORIO, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 1,3-5,7

VIRGINIA A. CROCKFORD
PRESIDENT, GOVERNING BODY
6703 SYLVAN ROAD
RICHMOND, VIRGINIA 23230

WASHINGTON

HEALTH SERVICE AREA 2

SOUTHWEST WASHINGTON HLTH SYSTEMS AGCY
505 WEST FOURTH
OLYMPIA, WASHINGTON 98501
(206)753-8137
JOHN McKEINA, DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 3,4

PAT LIBBEY
CHAIRPERSON, GOVERNING BODY
522 WEST FOURTH AVENUE
OLYMPIA, WASHINGTON 98501

WISCONSIN

HEALTH SERVICE AREA 1

HEALTH PLANNING COUNCIL, INC.
995 APPLEGATE ROAD
MADISON, WISCONSIN 53713
(608)273-1809
PAUL FLEER, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 1-3,9

HEALTH SERVICE AREA 5

EASTERN VIRGINIA HEALTH SYSTEMS AGENCY
11. KOGER EXECUTIVE CENTER, SUITE 203
NORFOLK, VIRGINIA 23502
(804)461-1236
PAUL M. BOYNTON, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 1,2,4

JESS P. MILLER, MD
PRESIDENT, GOVERNING BODY
2019 CUNNINGHAM DRIVE
HAMPTON, VIRGINIA 23666

HEALTH SERVICE AREA 3

CENTRAL WASHINGTON HLTH SYSTEMS AGCY
P.O. BOX 337
ELLENBURG, WASHINGTON 98926
(509)925-1491
CLIFFORD L. M. CARPENTER, DIRECTOR
REGIONAL PLANNING BODY
CONGRESSIONAL DISTRICTS 4,5

JOANNE PETERSEN
PRESIDENT, GOVERNING BODY
BOX 1413
MOSES LAKE, WASHINGTON 98837

HEALTH SERVICE AREA 2

SOUTHEASTERN WISCONSIN
HEALTH SYSTEMS AGENCY, INC.
735 NORTH 5TH STREET
MILWAUKEE, WISCONSIN 53203
(414)271-9788
RUSSELL JULIAN, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 1,4,5,9

GEORGE HANDY, MD
PRESIDENT, GOVERNING BODY
6 WHITCOMB CIRCLE, APT. 4
MADISON, WISCONSIN 53711

HEALTH SERVICE AREA 6 - INTERSTATE
(SEE TENNESSEE AREA 1)

WASHINGTON

HEALTH SERVICE AREA 1

PUGET SOUND HEALTH SYSTEMS AGENCY
601 VALLEY STREET
SEATTLE, WASHINGTON 98109
(206)464-6143
THOMAS L. HALL, MD, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 1-3,6,7

RONNIE SANDAHL
PRESIDENT, GOVERNING BODY
1114 200TH STREET, S.W.
ALDERWOOD, WASHINGTON 98036

HEALTH SERVICE AREA 5

WESTERN WISCONSIN HEALTH SYSTEMS AGENCY
1707 MAIN STREET
LACROSSE, WISCONSIN 54601
(608)785-9352
VAL CHILSEY, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 3,6,7

ELLEN SMITH
PRESIDENT, GOVERNING BODY
939 WEST MAPLE STREET
RIVER FALLS, WISCONSIN 54022

WISCONSIN

HEALTH SERVICE AREA 6

NORTH CENTRAL AREA
HEALTH PLANNING ASSOCIATION
400 EAST THOMAS STREET
WIUSAU, WISCONSIN 54401
(715)845-3107
GEORGE SNYDER, EXEC. DIRECTOR
NON-PROFIT CORPORATION
CONGRESSIONAL DISTRICTS 6-8

ROBERT POLLOCK
PRESIDENT, GOVERNING BODY
1800 NORTH POINT DRIVE
STEVENS POINT, WISCONSIN 54481

HEALTH SERVICE AREA 7 - INTERSTATE
(SEE MINNESOTA AREA 2)

STATE HEALTH PLANNING AND DEVELOPMENT AGENCIES

SHPDA TOTAL = 57

ALABAMA - IV

HEALTH PLANNING & DEVELOPMENT AGCY
1125 6TH STREET
NORTH MONTGOMERY, ALABAMA 36104
(205) 832-5994
ALAN KOCH, DIRECTOR

CALIFORNIA - IX

OFFICE OF STATE HEALTH
PLANNING AND DEVELOPMENT
DEPARTMENT OF HEALTH & SOCIAL SERVICES
POUCH H. OLA
JUNEAU, ALASKA 99811
(907) 465-3038
DAN MIDDLETON, DIRECTOR

FLORIDA - IV

STATE HLTH PLANNING & DEVELOPMENT AGENCY
FLORIDA STATE DEPARTMENT OF HEALTH
AND REHABILITATIVE SERVICES
1317 JINELLOO BLVD. B-2, SUITE 256
TALLAHASSEE, FLORIDA 32301
(904) 487-2513
MARJORIE R TURNBULL, DIRECTOR

ALASKA - X

OFFICE OF STATE HEALTH
PLANNING AND DEVELOPMENT
DEPARTMENT OF HEALTH & SOCIAL SERVICES
POUCH H. OLA
JUNEAU, ALASKA 99811
(907) 465-3038
DAN MIDDLETON, DIRECTOR

COLORADO - VIII

COLORADO STATE HEALTH PLANNING
& DEVELOPMENT AGENCY
4210 EAST 11TH AVENUE, ROOM 355
DENVER, COLORADO 80220
(303) 320-8333
ELIZABETH DICHTER, DIRECTOR

GEORGIA - IV

STATE HEALTH PLANNING
AND DEVELOPMENT AGENCY
43A EXECUTIVE PARK EAST, NE
ATLANTA, GEORGIA 30329
(404) 533-5247
PATRICIA LEET, DIRECTOR

AMERICAN SAMOA - IX

AMERICAN SAMOA HEALTH PLANNING
AND DEVELOPMENT AGENCY
DEPT. OF MEDICAL SERVICES
L.B.J. TROPICAL MEDICAL CENTER
PAGO PAGO, AMERICAN SAMOA 96799
633-5743 (INTERNATIONAL OPER 160 + 684)
CHARLES MCCOUDIN, DIRECTOR

CONNECTICUT - I

BUREAU OF HLTH PLNG RESOURCE DEVELOPMENT
CONNECTICUT STATE DEPARTMENT OF HEALTH
79 ELM STREET
HARFORD, CONNECTICUT 06106
(203) 566-7886
SUSAN S. ADOISS, CHIEF

ARIZONA - IX

DIVISION OF HEALTH RESOURCES
ARIZONA DEPARTMENT OF HEALTH SERVICES
1740 WEST ADAMS STREET, ROOM 101
PHOENIX, ARIZONA 85007
(602) 255-1024
DONALD B. MATHIS, ACT. DIRECTOR

DELAWARE - III

BUREAU OF HLTH PLNG & RESOURCE OVPLT
DEPARTMENT OF HLTH AND SOCIAL SERVICES
JESSE S. COOPER BUILDING
DOVER, DELAWARE 19901
(302) 736-4776
ANOS BURKE, DIRECTOR

DISTRICT OF COLUMBIA - III

ARKANSAS STATE HEALTH PLANNING
AND DEVELOPMENT AGENCY
4015 WEST MARKHAM STREET
LITTLE ROCK, ARKANSAS 72201
(501) 661-2196
JOEL NORTH, DIRECTOR

OFFICE OF STATE AGENCY AFFAIRS

DEPT OF HUMAN SERVICES
1420 NEW YORK AVENUE, N.W., 5TH FLOOR
WASHINGTON, D.C. 20005
(202) 727-0744
CARL W. WILSON, DIRECTOR

GEORGIA - X

GUAM STATE HEALTH PLANNING & DEVELOPMENT AGENCY
SUITE 205, GCIC BUILDING
414 WEST SOLEDAD AVENUE
AGANA, GUAM 96910
472-6331 (INTERNATIONAL OPER 160 + 671)
PRICILLA T. MAANAO, ADMINISTRATOR

GUAM - IX

HAWAII STATE HEALTH PLANNING & DEVELOPMENT AGENCY
STATE DEPARTMENT OF HEALTH
600 KAPIOLANI BLVD.
HONOLULU, HAWAII 96813
(808) 548-4050
HENRY N. THOMPSON, ADMINISTRATOR

IDAHO - X

IDAHO DEPARTMENT OF HEALTH & WELFARE
BUREAU OF PROGRAM DEVELOPMENT & ANALYSIS
STATE HOUSE, 450 WEST STATE STREET
BOISE, IDAHO 83720
(208) 554-4400
RICHARD SCHULTZ, DIRECTOR

ILLINOIS - V
 STATE HEALTH PLANNING
 AND DEVELOPMENT AGENCY
 ILLINOIS DEPARTMENT OF PUBLIC HEALTH
 525 WEST JEFFERSON STREET
 SPRINGFIELD, ILLINOIS 62761
 (217) 785-2040
 HAROLD O. ZIEBELL, ASSOC. DIRECTOR

LOUISIANA - VI
 LOUISIANA STATE HEALTH PLANNING
 AND DEVELOPMENT AGENCY
 DEPT. HLTH AND HUMAN RESOURCES
 333 LAUREL STREET, 2ND FLOOR
 BATON ROUGE, LOUISIANA 70801
 (504) 342-2001
 MURRAY A. FORMAN, DIRECTOR

INDIANA - V
 STATE HEALTH PLANNING
 AND DEVELOPMENT AGENCY
 INDIANA STATE BOARD OF HEALTH
 1330 WEST MICHIGAN STREET
 INDIANAPOLIS, INDIANA 46206
 (317) 633-8512
 GEORGE LEAMSON, DIRECTOR

MAINE - I

BUREAU OF HLTH PLNG & DEVELOPMENT
 DEPARTMENT OF HUMAN SERVICES
 STATE HOUSE, SECTION 11
 AUGUSTA, MAINE 04333
 (207) 289-2736
 GORDON BROWNE, DIRECTOR

MARIANA ISLANDS - IX

IOWA - VII
 OFFICE FOR HEALTH PLANNING
 AND INTERGOVERNMENTAL RELATIONS
 IOWA STATE HEALTH DEPARTMENT
 LUCAS STATE OFFICE BUILDING, 3RD FLOOR
 DES MOINES, IOWA 50319
 (515) 281-4340; 4342
 BETTY GRANDQUIST, ACT. DIRECTOR

MARIANA ISLANDS - IX

COMMONWEALTH HEALTH PLANNING
 AND DEVELOPMENT AGENCY
 C/O OFFICE OF PLANNING & BUDGET
 GOVERNMENT OF NORTHERN MARIANA ISLANDS
 P.O. BOX 570
 SAIPAN, MARIANA ISLANDS 96950
 6361 (INTERNATIONAL OPER 160 + 671)
 JUAN N. BABAUTA, EXEC. DIRECTOR

KANSAS - VII

STATE HLTH PLNG AND DEVELOPMENT
 KANSAS DEPT. OF HEALTH & ENVIRONMENT
 FORBES FIELD, BUILDING 321
 6700 SOUTH TOPEKA
 TOPEKA, KANSAS 66620
 (913) 862-9360
 MARY CORRIGAN, ACT. DIRECTOR

MARYLAND - III

MARYLAND HEALTH PLANNING AND
 DEVELOPMENT AGENCY
 O'CONNOR BUILDING
 201 WEST PRESTON STREET, 5TH FLOOR
 BALTIMORE, MARYLAND 21201
 (301) 383-2430
 WILLIAM B. LANDIS, EXEC. DIRECTOR

KENTUCKY - IV

DIVISION FOR STATE HEALTH PLANNING
 DEPARTMENT OF HUMAN RESOURCES
 HEALTH SERVICES BUILDING
 275 EAST MAIN STREET
 FRANKFORT, KENTUCKY 40621
 (502) 564-6620
 GEORGE KENT, DIRECTOR

MASSACHUSETTS - I

DEPARTMENT OF HUMAN SERVICES
 600 WASHINGTON STREET, ROOM 614
 BOSTON, MASSACHUSETTS 02111
 (617) 727-4164
 CAROL HESSELBACHER, EXEC. DIRECTOR

MONTANA - VIII

BUREAU OF HLTH PLNG & RESOURCE DEV'LPT
 STATE DEPARTMENT OF HEALTH
 AND ENVIRONMENTAL SCIENCES
 DIV OF HOSP. & MEDICAL FACILITIES
 COGSUELL BUILDING
 HELENA, MONTANA 59620
 (406) 449-3121
 GEORGE M. FENNER, ADMINISTRATOR

NEBRASKA - VII

STATE HLTH PLNG AND DEVELOPMENT AGENCY
 NEBRASKA STATE DEPARTMENT OF HEALTH
 301 CENTENNIAL MALL SOUTH
 P.O. BOX 95007
 LINCOLN, NEBRASKA 68509
 (402) 471-2357
 JOHN A. SAHS, ACTING DIRECTOR

NEW HAMPSHIRE - I

STATE DEPT OF HEALTH & WELFARE
 OFFICE OF HLTH PLNG & DEVELOPMENT
 HAZEN DRIVE
 CONCORD, NEW HAMPSHIRE 03301
 (603)271-4601
 JUDITH CHYNOWETH, DIRECTOR

NEW JERSEY - II

DIVISION OF HEALTH PLANNING
 AND RESOURCE DEVELOPMENT
 STATE DEPARTMENT OF HEALTH
 HEALTH/AGRICULTURE BUILDING
 P.O. BOX 1540
 TRENTON, NEW JERSEY 08625
 (609)292-7837
 J. RICHARD GOLDSTEIN, COMMISSIONER

II-21

NEW YORK - II

NEW YORK HEALTH PLANNING COMMISSION
 TOWER BUILDING, ROOM 1683
 EMPIRE STATE PLAZA
 ALBANY, NEW YORK 12237
 (518)474-6416
 JAMES McCORMACK, PH.D., EXEC. DIRECTOR

NORTH CAROLINA - IV

STATE HLTH PLANNING & DEVELOPMENT AGCY
 DEPARTMENT OF HUMAN RESOURCES
 P.O. BOX 12200
 RALEIGH, NORTH CAROLINA 27605-2200
 (919)733-4130
 BARBARA KRAMER, CHIEF

NORTH DAKOTA - VIII

STATE HEALTH PLANNING
 AND DEVELOPMENT AGENCY
 STATE DEPT OF HEALTH
 STATE CAPITOL BUILDING
 BISMARCK, NORTH DAKOTA 58505
 (701)224-2894
 GARY GARLAND, DIRECTOR

NEW YORK - X

STATE HLTH PLANNING & DEVELOPMENT AGENCY
 3866 BEVERLY STREET, N.E., SUITE 19
 SALEM, OREGON 97305-1389
 (503)378-4684
 RICHARD H. GRANT, EXEC. DIRECTOR

NEW YORK - X

PENNSYLVANIA - III

BUREAU OF PLANNING
 STATE HEALTH DEPARTMENT
 P.O. BOX 90
 HARRISBURG, PENNSYLVANIA 17108
 (717)783-3865
 JENNIFER RIESON, ACT. DIRECTOR

PUERTO RICO - I

HEALTH PLANNING DIVISION
 DEPARTMENT OF HEALTH
 FORTIN RUIZ SOLER HOSPITAL
 BAYAMON, PUERTO RICO 00619
 (809)781-1066
 MANUEL ROSA BATISTA, DIRECTOR

PUERTO RICO - II

HEALTH PLANNING AND
 RESOURCE DEVELOPMENT
 RHODE ISLAND STATE DEPT. OF HEALTH
 75 DAVIS STREET
 PROVIDENCE, RHODE ISLAND 02908
 (401)277-2231
 JOHN T. TIERNEY, ASSOCIATE DIRECTOR

SOUTH CAROLINA - IV

STATE HEALTH PLNG & DEVELOPMENT AGENCY
 1000 N.E. 10TH STREET AND STONEWALL
 P.O. BOX 53551
 OKLAHOMA CITY, OKLAHOMA 73152
 (405)271-5161
 JACK V. BOYD, EXEC. DIRECTOR

NEW MEXICO - VI

STATE HEALTH PLANNING
 AND DEVELOPMENT DIVISION
 STATE HLTH & ENVIRONMENT DEPT
 P.O. BOX 968
 SANTA FE, NEW MEXICO 87503
 (505)984-0060
 KIRBY MONROE, DIRECTOR

STATE HEALTH PLNG & DEVELOPMENT AGENCY
 SOUTH CAROLINA DEPARTMENT OF HEALTH
 AND ENVIRONMENTAL CONTROL
 2600 BULL STREET
 COLUMBIA, SOUTH CAROLINA 29201
 (803)758-0358
 J. RICHARD CONEY, DEP. COMMISSIONER

SOUTH DAKOTA - VIII
 OFFICE OF STATE HLTH PLNG & DEVELOPMENT
 STATE DEPARTMENT OF HEALTH
 JOE FOSS BUILDING
 PIERRE, SOUTH DAKOTA 57501
 (605)733-3693
 KAY HOFFER, PhD, DIRECTOR

TENNESSEE - IV
 TENNESSEE HEALTH PLANNING & RESOURCES
 DEVELOPMENT AUTHORITY
 J. K. POLK STATE OFFICE BLDG, SUITE 1800
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